

EMERGENCY MEDICAL SERVICES AUTHORITY

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July 12, 2017

Ms. Cathy Chidester, EMS Director
Los Angeles County EMS Agency
10100 Pioneer Boulevard, Suite 200
Santa Fe Springs, CA 90670

Dear Ms. Chidester:

This letter is in response to Los Angeles County's 2016 EMS Plan Update submission to the EMS Authority on June 23, 2017.

I. Introduction and Summary:

The EMS Authority has concluded its review of Los Angeles County's 2016 EMS Plan Update and is approving the plan as submitted.

II. History and Background:

Los Angeles County received its last full plan approval for its 2013 plan submission, and its last annual plan update for its 2014 plan submission.

Historically, we have received EMS Plan submissions from Los Angeles County for the following years:

- 1995
- 1997
- 2004
- 2007
- 2009
- 2010
- 2012-2014

Health and Safety Code (HSC) § 1797.254 states:

*"Local EMS agencies shall **annually** (emphasis added) submit an emergency medical services plan for the EMS area to the authority, according to EMS Systems, Standards, and Guidelines established by the authority".*

The EMS Authority is responsible for the review of EMS Plans and for making a determination on the approval or disapproval of the plan, based on compliance with

statute and the standards and guidelines established by the EMS Authority consistent with HSC § 1797.105(b).

III. Analysis of EMS System Components:

Following are comments related to Los Angeles County's 2016 EMS Plan Update. Areas that indicate the plan submitted is concordant and consistent with applicable guidelines or regulations, HSC § 1797.254, and the EMS system components identified in HSC § 1797.103, are indicated below:

- | Approved | Not
Approved | |
|---|--------------------------|---|
| A. <input checked="" type="checkbox"/> | <input type="checkbox"/> | <u>System Organization and Management</u> |
| B. <input checked="" type="checkbox"/> | <input type="checkbox"/> | <u>Staffing/Training</u> |
| C. <input checked="" type="checkbox"/> | <input type="checkbox"/> | <u>Communications</u> |
| D. <input checked="" type="checkbox"/> | <input type="checkbox"/> | <u>Response/Transportation</u> |
| 1. Ambulance Zones | | |
| <ul style="list-style-type: none">• Based on the documentation provided by Los Angeles County, please find enclosed the EMS Authority's determination of the exclusivity of Los Angeles County's ambulance zones. | | |
| E. <input checked="" type="checkbox"/> | <input type="checkbox"/> | <u>Facilities/Critical Care</u> |
| F. <input checked="" type="checkbox"/> | <input type="checkbox"/> | <u>Data Collection/System Evaluation</u> |
| 1. EMS Data | | |
| <p>Using information submitted by the Local EMS Agency, the EMS Authority shall assess each EMS area or the system's service area to determine the effectiveness of emergency medical services (HSC § 1797.102) as it relates to data collection and evaluation (HSC § 1797.103).</p> | | |
| <p>Statewide, there are 21 Local EMS Agencies submitting EMS data. Our records indicate Los Angeles County is not submitting EMS data at this time. In order for the EMS Authority to meet statutory requirements, please begin submission of EMS data into CEMSIS.</p> | | |

G. Public Information and Education

H. Disaster Medical Response

IV. Conclusion:

Based on the information identified, Los Angeles County's 2016 EMS Plan Update is approved.

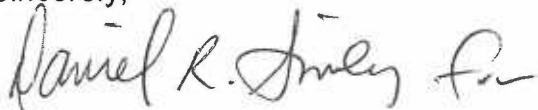
Pursuant to HSC § 1797.105(b):

"After the applicable guidelines or regulations are established by the Authority, a local EMS agency may implement a local plan...unless the Authority determines that the plan does not effectively meet the needs of the persons served and is not consistent with the coordinating activities in the geographical area served, or that the plan is not concordant and consistent with applicable guidelines or regulations, or both the guidelines and regulations established by the Authority."

V. Next Steps:

Los Angeles County's next annual EMS Plan Update will be due on or before July 31, 2018. If you have any questions regarding the plan review, please contact Ms. Angela Wise, EMS Systems Assistant Division Chief, at (916) 431-3708.

Sincerely,



Howard Backer, MD, MPH, FACEP
Director

Enclosure

2016 Los Angeles Transportation Plan
Approved

City of Long Beach	X	Non-Competitive	X		X		
City of Los Angeles	X	Non-Competitive	X		X		
City of Manhattan Beach	X	Non-Competitive	X		X		
City of Monterey Park	X	Non-Competitive	X		X		
City of Pasadena	X	Non-Competitive	X		X		
City of San Fernando	X	Non-Competitive	X		X		
City of San Gabriel	X	Non-Competitive	X		X		
City of San Marino	X	Non-Competitive	X		X		
City of Santa Monica	X	Non-Competitive	X		X		
City of Sierra Madre	X	Non-Competitive	X		X		
City of South Pasadena	X	Non-Competitive	X		X		
City of Torrance	X	Non-Competitive	X		X		
City of Vernon	X	Non-Competitive	X		X		
City of West Covina	X	Non-Competitive	X		X		



Los Angeles County – Department of Health Services
EMERGENCY MEDICAL SERVICES
ANNUAL UPDATE 2016
(Fiscal Year 2015-2016)



EXECUTIVE SUMMARY

Health and Safety Code, Division 2.5, Section 1797.254, requires the Emergency Medical Services (EMS) Agency to submit an EMS Plan to the State EMS Authority and follow it with annual updates thereafter. Attached is the Los Angeles County FY 2015-2016 Annual Update which provides the required information on the status of our system and the EMS Agency's progress toward meeting long-range goals.

Communications:

The EMS Agency is an active participant and voting member of the governing body of the Los Angeles Regional Interoperable Communications System (LA-RICS) Board of Directors. LA-RICS' mission is to provide the finest mission-critical communication system with unwavering focus on the needs of the public safety professional, designed and built to serve law enforcement, fire service, and health service professionals (first responders) throughout Los Angeles County.

With over 80 public safety agencies and approximately 34,000 first-responders, and encompassing a sprawling terrain of over 4,060 square miles that approximately 10 million people call home, the Los Angeles region seeks a modern interoperable public safety broadband network that allows multiple agencies to respond to the widest possible variety of emergencies. The LA-RICS Authority (JPA) is proposing to deploy a 700 MHz public safety mobile broadband network across all of Los Angeles County, featuring almost 300 wireless 700 MHz public safety broadband sites using new and existing infrastructure, fixed microwave backhaul rings, and 100-miles of high-capacity fiber backbone. The network would enable computer-aided dispatch, rapid law-enforcement queries, real-time video streaming, medical telemetry and patient tracking, geographic information systems services for first responders, and many other broadband-specific applications.

Motorola is the contractor working with LA-RICS on the system design and has completion of the LTE, and this phase may last upwards of a year. The design will utilize a UHF/700 MHz hybrid system. LA-RICS is working closely with First-Net, the national first responder communications system project, to ensure coordination with the broadband network being developed on the national level for public safety/first responders.

Data:

In order to provide for expansion, facilitate information sharing, and enable implementation of system wide performance improvement, The Homeland Security grant obtained allowed for the expansion and refinement the Trauma and Emergency Medical Information System (TEMIS). This expansion improved information sharing and allowed for the implementation

of a system wide performance improvement process. The three core EMS Agency databases (EMS, base hospital, and trauma center) have been joined with full reporting capabilities. Efforts to incorporate the STEMI and stroke databases continue. To further enhance reporting and access capability, the EMS Agency continues to explore opportunities to improve TEMIS, such as web-based solution.

Of the ~700,000 EMS responses in the County, 70% of patient care records are now collected through an electronic patient care report. The EMS Agency continues to work with the remaining eight (8) provider agencies to implement electronic data collection.

Sidewalk CPR:

On June 2, 2016, thanks to a unique collaboration between the EMS Agency, the Los Angeles County Fire Department, and the American Heart Association, over 7,000 residents of Los Angeles County learned the basics of “hands only” cardiopulmonary resuscitation (CPR). BLS-certified personnel were provided by fire stations, ambulance companies, and hospitals to train residents in the simple “hands only” CPR technique that is vital to saving the life of someone in sudden cardiac arrest.

Exclusive Operating Area (EOA) Committee for 2016:

In anticipation of the 2016 competitive bidding process for EOAs, the EMS Agency completed the Request for Proposals for Emergency 911 Ambulance Services. The RFP was approved by the EMSA on January 21, 2016 and the bid was released. The Emergency Ambulance Transportation Services Agreements will be expiring May 31, 2016. Due to the complexity of the RFP, an extension to the expiration date was provided by EMSA through November 30, 2016.

EMS System Data Report:

Our third annual *EMS System Data Report* was presented in November, 2015. The goals of the systemwide data report include:

- Provide EMS data to our system participants and in doing so encourage them to recognize the importance of their data in managing our system.
- Highlight data gaps and their impact on our ability to make data driven decisions and to properly evaluate the quality of patient care provided.
- Demonstrate how the EMS system design parallels the healthcare needs of the community in addressing the leading causes of death and disability (heart attack, stroke, and trauma) as reported by Public Health.

A copy of the *EMS System Data Report* is included in the documents submitted with this annual update.

Los Angeles County Disaster Health Care Coalition (HCC)

The HCC was established in October 2013 to coordinate strategic planning activities amongst healthcare facilities in various healthcare delivery sectors, public health agencies,

other government entities and community partners to prepare for, respond to, and recover from emergencies and other incidents that impact the public's health.

LA County's HCC has an advisory committee with representatives from acute care hospitals, community health centers, long-term care facilities, dialysis centers, ambulatory surgery centers, home health/hospice agencies, EMS providers, volunteer organizations, and government agencies that support ESF 8 functions. The advisory committee is co-chaired by the LA County EMS Agency and Department of Public Health and meets three times per year to facilitate:

- Strategic planning
- Identification of gaps and mitigation strategies
- Operational planning and response
- Information sharing for improved situational awareness
- Resource coordination and management

In 2016, LA County's HCC membership is comprised of:

Acute Care Hospitals	80
Ambulatory Surgical Centers	38
Community Health Centers	49
Dialysis Centers	154
EMS Providers	10
Federally Qualified Health Centers	32
Home Health Agencies	39
Public Health Departments	2
Skilled Nursing Facilities	204
LAC Department of Mental Health	
LAC Department of Public Health	
LAC Office of Emergency Management	
LAC Emergency Medical Services Agency	
American Red Cross – Greater LA Chapter	
International Medical Corps	

Annual EMS Update:

During this fiscal year from March to June 2015 LAC EMS Agency educated 3986 licensed paramedics and 863 certified Mobile Intensive Care Nurses (MICNs) in the following topics.

- End of Life Care
- Interfacility Transfers and EMTALA
- ST-Segment Elevation Myocardial Infarction (STEMI)
- Termination of Resuscitation
- EMS Ethics and Legal Issues

Every active paramedic and MICN in LAC is required to attend the EMS Update on an annual basis. This education is developed by the LAC EMS Agency with input from the Base Hospitals and Provider Agencies in LAC; and then the education is conducted by the Base Hospitals and Provider Agencies for their personnel.

FACILITY / PROVIDER CHANGES:

The following hospitals have been designated as Approved Stroke Centers for LA County since 2013, for a total 43. An ASC map is included with the documents submitted:

- San Gabriel Valley Medical Center (January 2014)
- Kaiser Foundation Hospital- West Los Angeles (June 2014)
- Kaiser Foundation Hospital- Downey Medical Center (August 2014)
- St. Francis Medical Center (August 2014)
- Good Samaritan Hospital (March 2015)
- Mission Community Hospital (May 2015)
- Encino Hospital Medical Center (February 2016)
- Sherman Oaks Hospital (March 2016)

The following hospital has been designated as a ST-Elevation Myocardial Infarction (STEMI) Receiving Center (SRC) for LA County since 2013, for a total 35. A SRC map is included with the documents submitted:

- St. Francis Medical Center

A *Request for Interest* (RFI) was distributed to facilities in the east San Gabriel Valley that previously participated in the trauma system. Based on the responses received, a *Request for Application* (RFA) was issued in late 2014. Upon completion of the process, Pomona Valley Hospital (PVC) was determined to be the highest scoring applicant and has entered into a *Trauma Center Pre-designation Agreement in June 2015*.

Licensed Ambulance Operators (Total of 36) licensed companies, additions are indicated on **BOLD**. Reference No. 401.1, Licensed Ambulance Operators, is included with the documents submitted.):

- **1st Medi-Star Transport, Inc. dba Medi-Star Transport**
- Adult Medical Transportation, Inc.
- Aegis Ambulance Service, Inc.
- **All Town Ambulance, LLC**
- AmbuServe Inc. dba Shoreline Ambulance
- American Medical Response, Inc.
- American Professional Ambulance, LLC
- Americare Medservices, Inc. dba Americare Ambulance Service
- Amwest, Inc. dba Amwest Ambulance
- Antelope Ambulance Service, Inc.
- Bowers Companies, Inc. dba Bowers Ambulance Service
- Care Ambulance Service, Inc.
- Emergency Ambulance Service, Inc.
- Explorer-1 Ambulance, Inc.
- **Filyn Corporation, Inc. dba Lynch EMS**
- **Firstmed Ambulance Service, Inc.**
- Gentle Care Transport, Inc. dba Phoenix Ambulance
- Gentle Ride, Inc.
- Guardian Ambulance Service, Inc.

- Impulse Ambulance, Inc. dba Ambulnz Health, LLC
- Liberty Ambulance Service, Inc.
- Mauran Ambulance Service, Inc.
- MedCoast Medservice, Inc. dba Medcoast Ambulance Service
- Med-Life Ambulance Services, Inc.
- MedReach, Inc.
- MedResponse, Inc.
- PRN Ambulance, Inc.
- Rescue One Ambulance, Inc.
- Rescue Services International, Ltd. dba Medic-1 Ambulance
- Royalty Ambulance Services, Inc.
- Schaefer Ambulance Services, Inc.
- Symons Emergency Specialties, Inc. dba Symons Ambulance (Special Event Only)
- Trans-Life Ambulance, Inc.
- Trinity Ambulance and Medical Transportation, LLC
- West Coast Ambulance, Inc.
- Westmed Ambulance, Inc. dba McCormick Ambulance



Los Angeles County – Department of Health Service
EMERGENCY MEDICAL SERVICES PLAN
2016
(Fiscal Year 2015-1216)



TABLE 1: MINIMUM STANDARDS

A. SYSTEM ORGANIZATION AND MANAGEMENT

	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Agency Administration:					
1.01 LEMSA Structure		X			
1.02 LEMSA Mission		X			
1.03 Public Input		X			
1.04 Medical Director		X			
Planning Activities:					
1.05 System Plan		X			
1.06 Annual Plan Update		X			
1.07 Trauma Planning*		X			
1.08 ALS Planning*		X			
1.09 Inventory of Resources		X			
1.10 Special Populations		X			
1.11 System Participants		X			
Regulatory Activities:					
1.12 Review & Monitoring		X			
1.13 Coordination		X			
1.14 Policy & Procedures Manual		X			
1.15 Compliance w/Policies		X			
System Finances:					
1.16 Funding Mechanism		X			
Medical Direction:					
1.17 Medical Direction*		X			
1.18 QA/QI		X			
1.19 Policies, Procedures, Protocols		X			

TABLE 1: MINIMUM STANDARDS**A. SYSTEM ORGANIZATION AND MANAGEMENT (continued)**

	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
1.20 DNR Policy		X			
1.21 Determination of Death		X			
1.22 Reporting of Abuse		X			
1.23 Interfacility Transfer		X			
Enhanced Level: Advanced Life Support					
1.24 ALS Systems		X			
1.25 On-Line Medical Direction		X			
Enhanced Level: Trauma Care System:					
1.26 Trauma System Plan		X			
Enhanced Level: Pediatric Emergency Medical and Critical Care System:					
1.27 Pediatric System Plan		X			
Enhanced Level: Exclusive Operating Areas:					
1.28 EOA Plan		X			

B. STAFFING/TRAINING

	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Local EMS Agency:					
2.01 Assessment of Needs		X			
2.02 Approval of Training		X			
2.03 Personnel		X			
Dispatchers:					
2.04 Dispatch Training	X				
First Responders (non-transporting):					
2.05 First Responder Training		X			
2.06 Response		X			
2.07 Medical Control		X			

TABLE 1: MINIMUM STANDARDS

Transporting Personnel:					
2.08 EMT-I Training		X			
Hospital:					
2.09 CPR Training		X			
2.10 Advanced Life Support		X			
Enhanced Level: Advanced Life Support:					
2.11 Accreditation Process		X			
2.12 Early Defibrillation		X			
2.13 Base Hospital Personnel		X			

C. COMMUNICATIONS

	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Communications Equipment:					
3.01 Communication Plan*		X			
3.02 Radios		X			
3.03 Interfacility Transfer*		X			
3.04 Dispatch Center		X			
3.05 Hospitals		X			
3.06 MCI/Disasters		X			
Public Access:					
3.07 9-1-1 Planning/Coordination		X			
3.08 9-1-1 Public Education		X			
Resource Management:					
3.09 Dispatch Triage		X			
3.10 Integrated Dispatch		X			

TABLE 1: MINIMUM STANDARDS**D. RESPONSE/TRANSPORTATION**

	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Universal Level:					
4.01 Service Area Boundaries*		X			
4.02 Monitoring		X			
4.03 Classifying Medical Requests		X			
4.04 Prescheduled Responses		X			
4.05 Response Time*		X			
4.06 Staffing		X			
4.07 First Responder Agencies		X			
4.08 Medical & Rescue Aircraft*		X			
4.09 Air Dispatch Center		X			
4.10 Aircraft Availability*		X			
4.11 Specialty Vehicles*		X			
4.12 Disaster Response		X			
4.13 Intercounty Response*		X			
4.14 Incident Command System		X			
4.15 MCI Plans		X			
Enhanced Level: Advanced Life Support:					
4.16 ALS Staffing		X			
4.17 ALS Equipment		X			
Enhanced Level: Ambulance Regulation:					
4.18 Compliance		X			
Enhanced Level: Exclusive Operating Permits:					
4.19 Transportation Plan		X			
4.20 "Grandfathering"		X			
4.21 Compliance		X			
4.22 Evaluation		X			

TABLE 1: MINIMUM STANDARDS**E. FACILITIES/CRITICAL CARE**

	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Universal Level:					
5.01 Assessment of Capabilities		X			
5.02 Triage & Transfer Protocols*		X			
5.03 Transfer Guidelines*		X			
5.04 Specialty Care Facilities*		X			
5.05 Mass Casualty Management		X			
5.06 Hospital Evacuation*		X			
Enhanced Level: Advanced Life Support:					
5.07 Base Hospital Designation*		X			
Enhanced Level: Trauma Care System:					
5.08 Trauma System Design		X			
5.09 Public Input		X			
Enhanced Level: Pediatric Emergency Medical and Critical Care System:					
5.10 Pediatric System Design		X			
5.11 Emergency Departments		X			
5.12 Public Input		X			
Enhanced Level: Other Specialty Care Systems:					
5.13 Specialty System Design		X			
5.14 Public Input		X			

TABLE 1: MINIMUM STANDARDS**F. DATA COLLECTION/SYSTEM EVALUATION**

	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Universal Level:					
6.01 QA/QI Program		X			
6.02 Prehospital Records		X			
6.03 Prehospital Care Audits		X			
6.04 Medical Dispatch		X			
6.05 Data Management System*		X			
6.06 System Design Evaluation		X			
6.07 Provider Participation		X			
6.08 Reporting		X			
Enhanced Level: Advanced Life Support:					
6.09 ALS Audit		X			
Enhanced Level: Trauma Care System:					
6.10 Trauma System Evaluation		X			
6.11 Trauma Center Data		X			

G. PUBLIC INFORMATION AND EDUCATION

	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Universal Level:					
7.01 Public Information Materials		X			
7.02 Injury Control		X			
7.03 Disaster Preparedness		X			
7.04 First Aid & CPR Training		X			

TABLE 1: MINIMUM STANDARDS**H. DISASTER MEDICAL RESPONSE**

	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Universal Level:					
8.01 Disaster Medical Planning*		X			
8.02 Response Plans		X			
8.03 HazMat Training		X			
8.04 Incident Command System		X			
8.05 Distribution of Casualties*		X			
8.06 Needs Assessment		X			
8.07 Disaster Communications*		X			
8.08 Inventory of Resources		X			
8.09 DMAT Teams		X			
8.10 Mutual Aid Agreements*		X			
8.11 CCP Designation*		X			
8.12 Establishment of CCPs		X			
8.13 Disaster Medical Training		X			
8.14 Hospital Plans		X			
8.15 Interhospital Communications		X			
8.16 Prehospital Agency Plans		X			
Enhanced Level: Advanced Life Support:					
8.17 ALS Policies		X			
Enhanced Level: Specialty Care Systems:					
8.18 Specialty Center Roles		X			
Enhanced Level: Exclusive Operating Areas/Ambulance Regulations:					
8.19 Waiving Exclusivity		X			



**Los Angeles County – Department of Health Services
EMERGENCY MEDICAL SERVICES PLAN
ANNUAL UPDATE
(Fiscal Year 2015-2016)**



Table 1 – STANDARDS – Changes Made on a Standard

EMS System: Los Angeles County

Reporting Year: Fiscal Year 2015-2016

Standard	Minimum Standards	Meets Minimum Requirement	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
2.04 Dispatch Training	Public safety answering point (PSAP) operators with medical responsibility shall have emergency medicine orientation and all medical dispatch personnel (both public and private) shall receive emergency medical dispatch training in accordance with the EMS Authority's Emergency Medical Dispatch Guidelines.		X	Approximately 95% of the Fire Departments providing Emergency Medical Services or dispatch by Fire Dispatch and provide pre-arrival instructions. 9-1-1 calls are routinely transferred from the PSAP to Fire Dispatch.	The LEMSA does have policies in place for dispatching of Emergency Medical Services. Additionally, during the fiscal year, the EMS Agency has developed "Template" pre-arrival instructions covering many of the medical, trauma, and environmental chief complaints. The templates were developed through a collaborative effort with representation from the twelve (12) 9-1-1 dispatch centers in Los Angeles County.	Transition the two Fire Departments utilizing police dispatch to either approve pre-arrival instructions or transition to a fire based dispatch center with existing pre-arrival instructions. The LEMSA plans on routinely (semi-annually at a minimum) meeting with the 9-1-1 dispatching centers.

Table 1 – Standards – Changes Made on a Standard

Standard	Minimum Standards	Meets Minimum Requirement	Short Range (one year or less)	Long Range (more than one year)	CURRENT STATUS:	Objective
Progress						
3.01 Communications Plan	<p>The local EMS agency shall plan for EMS communications. The plan shall specify the medical communications capabilities of emergency medical transport vehicles, non-translating advanced life support responders, and acute care facilities and shall coordinate the use of frequencies with other users.</p> <p>RECOMMENDED GUIDELINES: The local EMS agency's communication plan should consider the availability and use of satellites and cellular telephones.</p>	X			<p>To develop and implement written agreements with all paramedic receiving hospitals</p>	

Table 1 – Standards – Changes Made on a Standard

Standard	Minimum Standards	Meets Minimum Requirement	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective	
					The Rapid Emergency Digital Data Interface Network (ReddiNet) is installed in 100% of the acute care hospitals (9-1-1 Receiving hospitals), over 100 community clinics, and 44 long-term care facilities. The terminal is also installed at the Operations Control Division for Los Angeles City Fire Department, allowing access to all of their ALS field units. Los Angeles County has upgraded ReddiNet from a microwave format to an internet-based system which has greatly improved system access.	The County Wide Integrated Radio System (CWIRS) is installed at all Los Angeles County hospitals, comprehensive health centers, and ambulatory care centers. Cellular telephone communication and radio are the primary communications tools utilized by field personnel to make base station contact.	Currently, the LEMSA is an active participant, and voting member of the governing body of the Los Angeles Regional Interoperable Communication System (LA-RICS) Board of Directors. LA-RICS' mission is to provide the finest mission-critical communication system with unwavering focus on the

Table 1 – Standards – Changes Made on a Standard

Standard	Minimum Standards	Meets Minimum Requirement	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
					COORDINATION WITH OTHER EMS AGENCIES: Los Angeles County is a subscriber in the Medical Interoperability Channel (155.340 MHz) which is designed to provide communications for mutual aid in the event of a large casualty producing event. Secondary V-MED 28 frequency (155.2 letters and 80MHz) is exclusively by Orange County is monitored and available for coordination with Orange County.	



Los Angeles County – Department of Health Services
EMERGENCY MEDICAL SERVICES PLAN
2016
(Fiscal Year 2015-1216)



TABLE 2: SYSTEM RESOURCES AND OPERATIONS

System Organization and Management

EMS System: **Los Angeles County Emergency Medical Services Agency**

Reporting Year: **Fiscal Year 2015-16**

NOTE: Number (1) below is to be completed for each county. The balance of Table 2 refers to each agency.

1. Percentage of population served by each level of care by county:
(Identify for the maximum level of service offered; the total of a, b, and c should equal 100%.)

a. Basic Life Support (BLS)	100%
b. Limited Life Support (LALS)	0%
c. Advanced Life Support (ALS)	100%
2. Type of Agency
 - a. Public Health Department
 - b. **County Health Services Agency**
 - c. Other (non-Health) County Department
 - d. Joint Powers of Agency
 - e. Private Non-Profit Entity
 - f. Other: _____
3. The person responsible for day-to-day activities of the EMS agency reports to
 - a. Public Health Officer
 - b. **Health Services Agency Director/Administrator**
 - c. Board of Directors
 - d. Other: Deputy Director, Health Services
4. Indicate the non-required functions which are performed by the agency:

Implementation of exclusive operating areas (ambulance franchising)	<u>X</u>
Designation of trauma centers/trauma care system planning	<u>X</u>
Designation/approval of pediatric facilities	<u>X</u>
Development of transfer agreements	<u>X</u>
Enforcement of local ambulance ordinance	<u>X</u>

Enforcement of ambulance service contracts	X
Operation of ambulance service	X
Continuing education	X
Personnel training	X
Operation of oversight of EMS dispatch center	
Non-medical disaster planning	
Administration of critical incident stress debriefing team (CISD)	
Administration of disaster medical assistance team (DMAT)	
Administration of EMS Fund [Senate Bill (SB) 12/612]	X
Other: RDMHC	X
Other:	
Other: _____	

5. EXPENSES:

Salaries and benefits (All but contract personnel)	\$20,905,606
Contract Services (e.g. medical director)	
Operations (e.g. copying, postage, facilities)	
Travel	
Fixed assets	
Indirect expenses (overhead)	
Ambulance subsidy	
EMS Fund payments to physicians/hospital	\$14,161,390
Dispatch center operations (non-staff)	
Training program operations	
Other: S&S	\$13,958,811
Other:	
TOTAL EXPENSES	\$49,025,807

6. SOURCES OF REVENUE:

Special project grant(s) [from EMSA]:	
Preventive Health and Health Services (PHHS) Block Grant	
Office of Traffic Safety (OTS)	
State general fund	
County general fund	\$9,723,226

Other local tax funds (e.g., EMS district)	
County contracts (e.g. multi-county agencies)	
Certification fees	\$514,014
Training program approval fees	
Training program tuition/Average daily attendance funds (ADA)	\$1,236,338
Job Training Partnership ACT (JTPA) funds/other payments	
Base hospital application fees	
Trauma center application fees	
Trauma center designation fees	
Pediatric facility approval fees	
Pediatric facility designation fees	
Other critical care center application fees	
Type:	
Other critical care center designation fees	
Type:	
Ambulance service/vehicle fees	\$533,804
Contributions	
EMS Fund (SB 12/612/SB 1773)	\$18,597,110
Other grants: EMS Allocation Fund	
Other fees: various other revenue/Intrafund Transfers	\$7,849,925
Other (specify): HPP	\$10,571,391
TOTAL REVENUE	\$49,025,807

*TOTAL REVENUE SHOULD EQUAL TOTAL EXPENSES.
IF THEY DON'T, PLEASE EXPLAIN BELOW.*

7. FEE STRUCTURE:

First responder certification	
EMS dispatcher certification	
EMT-I certification	\$125
EMT-I recertification	\$87
EMT-defibrillation certification	
EMT-defibrillation recertification	
EMT-II certification	
EMT-II recertification	

EMT-P accreditation	\$125
EMT-P re-accreditation	\$45
Mobile Intensive Care Nurse /Authorized Registered Nurse (MICN/ARN) certification	\$155
MICN/ARN recertification	\$65
EMT-I training program approval	
EMT-II training program approval	
EMT-P training program approval	\$2,628
MICN/ARN training program approval	
Base hospital application	
Base hospital designation	
Trauma center application	
Trauma center designation	
Pediatric facility approval	
Pediatric facility designation	
Other critical care center application / designation	
Type: _____	
Ambulance service license - New	\$4,846.17
Ambulance service license - Renewal	\$2,923.43
Ambulance vehicle permits - New	\$373.86
Ambulance vehicle permits - Renewal	\$339.55
Other: Ambulette Operator - New	\$4,846.17
Other: Ambulette Operator - Renewal	\$2,923.43
Other: Ambulette Vehicle Permit - New	\$361.72
Other: Ambulette Vehicle Permit – Renewal	\$327.41



Los Angeles County – Department of Health Services
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Table 2 - System Organization & Management (cont.):

EMS System: Los Angeles County

Reporting Year: Fiscal Year 2015-2016

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (50.45 % of Salary)	COMMENTS
EMS Admin./Coord./Director	Emergency Medical Services Director	1	\$85.57	\$44.11	
Asst. Admin./Admin.Asst./Admin. Mgr.	Emergency Medical Services Assistant Director	3	\$75.27	\$38.80	
ALS Coord./Field Coord./ Training Coordinator	Senior Emergency Medical Services Program Head	1	\$68.09	\$35.10	
Program Coordinator/ Field Liaison (Non-clinical)	Assistant Nursing Director Administration	1	\$73.95	\$38.12	
Trauma Coordinator	Senior Nursing Instructor	1	\$64.05	\$33.02	
Medical Director	Chief Physician II Emergency Medicine	1	\$158.85	\$81.89	
Other MD/Medical Consult/ Training Medical Director	Senior Physician Emergency Medicine; Phys Spec Emergency Medicine Non Megaflex	2	\$123.84	\$63.84	
Disaster Medical Planner	Phys Spec Emergency Medicine Non Megaflex; Senior Emergency Medical Systems Program Head	2	\$67.09	\$34.58	

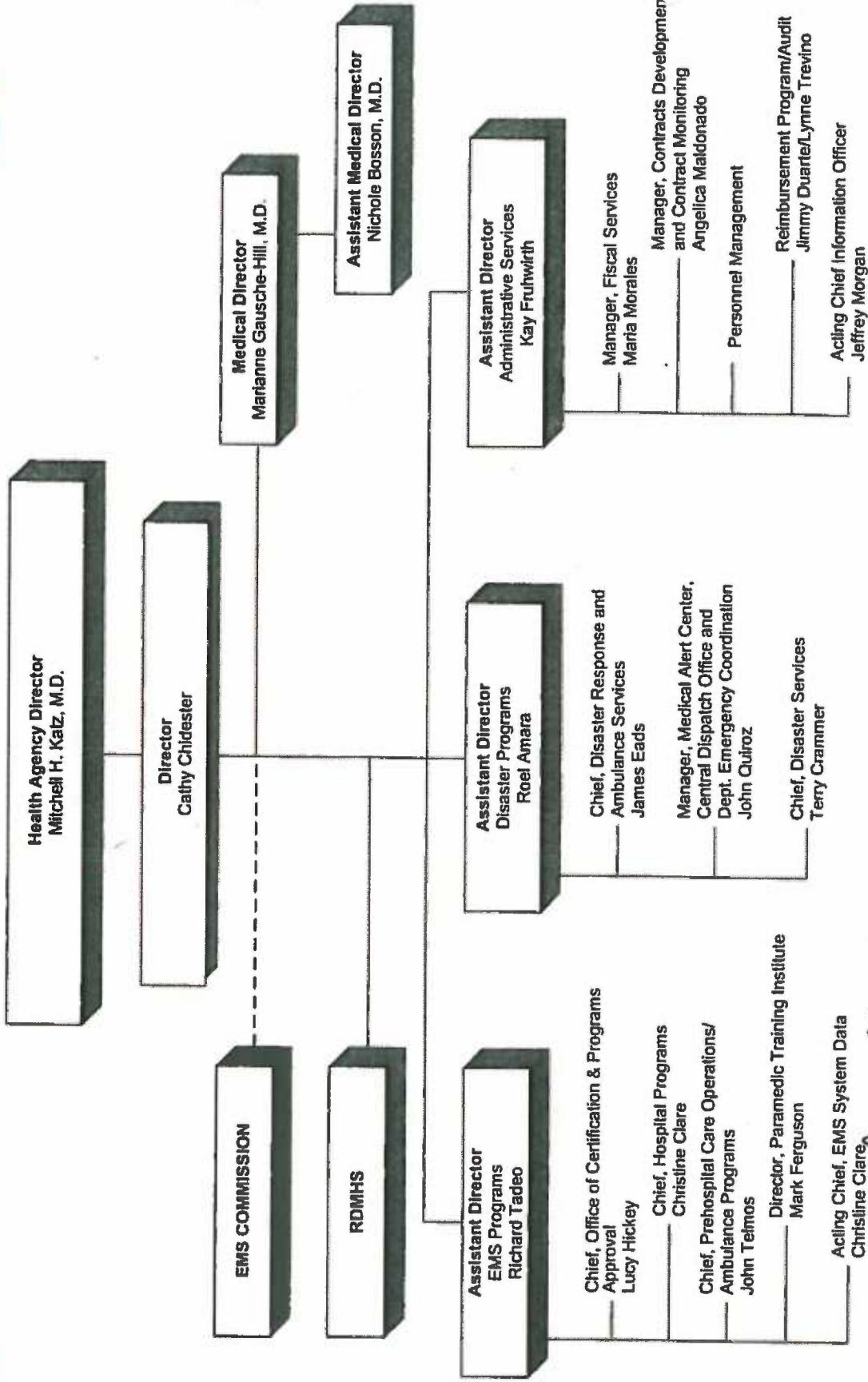
Table 2 - System Organization & Management (cont.):

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (50.45% of Salary)	COMMENTS
Dispatch Supervisor	Nurse Manager; Supervising Ambulance Dispatcher	2	\$70.39	\$36.28	
Medical Planner (not applicable)					
Data Evaluator/Analyst	Assistant Nursing Director, Administration	1	\$73.95	\$38.12	
QA/QI Coordinator	Senior Nursing Instructor	1	\$64.05	\$33.02	
Public Info. & Education Coordinator	Assistant Nursing Director, Administration	1	\$71.08	\$36.64	
Executive Secretary	Management Secretary III	1	\$33.49	\$17.26	
Other Clerical	Senior Clerk; Intermediate Clerk; Intermediate Typist Clerk	6	\$20.62	\$10.63	
Data Entry Clerk	Intermediate Typist - Clerk	3	\$19.51	\$10.06	
Other EMS Staff	Various	172	Various	Various	

Include an organizational chart of the local EMS agency and a county organization chart(s) indicating how the LEMSA fits within the county/multi-county structure.

LOS ANGELES COUNTY EMERGENCY MEDICAL SERVICES AGENCY

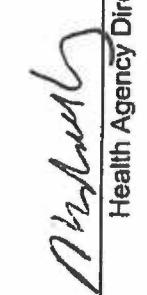
ORGANIZATIONAL CHART



Approved by: Cathy Chidester


Cathy Chidester

Approved by: Mitchell H. Katz, M.D.


Mitchell H. Katz
Health Agency Director



Los Angeles County – Department of Health Services
EMERGENCY MEDICAL SERVICES PLAN
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TABLE 3: SYSTEM RESOURCES AND OPERATIONS - Personnel/Training

EMS System: Los Angeles County Emergency Medical Services Agency

Reporting Year: Fiscal Year 2015 - 2016

NOTE: Table 3 is to be reported by agency.

	EMT - Is	EMT - IIs	EMT - Ps	MICN
Total Certified	7,816	N/A		866
Number newly certified this year	1,611	N/A		106
Number recertified this year	2,471	N/A		301
Total number of accredited personnel on July 1 of the reporting year	N/A	N/A	3,917	807
Number of certification reviews resulting in:				
a) formal investigations	133	N/A		0
b) probation	37	N/A		0
c) suspensions	1	N/A		0
d) revocations	3	N/A		0
e) denials	0	N/A		0
f) denials of renewal	0	N/A		0
g) no action taken	45	N/A		0

1. Early defibrillation:
 - a) Number of EMT-I (defib) certified
 - b) Number of public safety (defib) certified (non-EMT-I)
2. Do you have a first responder training program
Yes No X



**Los Angeles County – Department of Health Service
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TABLE 4: SYSTEM RESOURCES AND OPERATIONS - Communications

EMS System: **County of Los Angeles**

Reporting Year: **Fiscal Year 2015-2016**

1. Number of primary Public Service Answering Points (PSAP)	85
2. Number of secondary PSAPs	13
3. Number of dispatch centers directly dispatching ambulances	32 Private 12 Public
4. Number of EMS dispatch agencies utilizing EMD guidelines	12
5. Number of designated dispatch centers for EMS Aircraft	3
6. Who is your primary dispatch agency for day-to-day emergencies? Dependent on origin of call	
• Beverly Hills Police Department	
• Downey Fire Communication Center	
• LA County Fire	
• La Verne Police Department	
• Long Beach Fire Department	
• Los Angeles Fire Department	
• Redondo Beach Police Department	
• Santa Monica Fire Department	
• South Bay Regional Public Communication Authority	
• Torrance Police Department	
• Verdugo Fire Communications Center	
• West Covina Police Department	
7. Who is your primary dispatch agency for a disaster?	
Los Angeles County Fire District is the Fire Operational Area Coordinator	
8. Do you have an operational area disaster communication system?	◆ Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
a. Radio primary frequency:	
155.340 MHz	

- b. Other methods: Yes No
- Landline, cellphones, Internet ReddiNet, satellite phones and amateur radio (HAM).**
- c. Can all medical response units communicate on the same disaster communications system? Yes No
- d. Do you participate in the Operational Area Satellite Information System (OASIS)? Yes No
- e. Do you have a plan to utilize the Radio Amateur Civil Emergency Services (RACES) as a back-up communication system?
- 1) Within the operational area? Yes No
 - 2) Between operation area and the region and/or state? Yes No



Los Angeles County – Department of Health Services
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TABLE 5: SYSTEM RESOURCES AND OPERATIONS - Response/Transportation

EMS System: **County of Los Angeles**

Reporting Year: **Fiscal Year 2015-2016**

Note: Table 5 is to be answered for each county.

Early Defibrillation Providers

- | | |
|---|---------------|
| 1. Number of EMT-Defibrillation providers | 11,304 |
|---|---------------|

SYSTEM STANDARD RESPONSE TIMES (90TH PERCENTILE)

Enter the response times in the appropriate boxes

	METRO/ URBAN	SUBURBAN/ RURAL	WILDERNESS	SYSTEMWIDE
BLS and CPR capable first responder	5:09*	Not Applicable	Not Applicable	5:09*
Early defibrillation responder	5:28*	Not Applicable	Not Applicable	5.28*
Advanced life support responder	5:38*	Not Applicable	Not Applicable	5.38*
Transport Ambulance	6:10*	Not Applicable	Not Applicable	6.10*



Los Angeles County – Department of Health Services
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TABLE 6: SYSTEM RESOURCES AND OPERATIONS - Facilities/Critical Care

EMS System: **County of Los Angeles**

Reporting Year: **Fiscal Year 2015-2016**

NOTE: Table 6 is to be reported by agency.

1. Trauma

- | | |
|---|--------|
| a. Number of patients meeting trauma triage criteria | 18,811 |
| b. Number of major trauma victims transported directly to a trauma center by ambulance | 16,512 |
| c. Number of major trauma patients transferred to a trauma center | 517 |
| d. Number of patients meeting trauma triage criteria who weren't treated at a trauma center | 422 |

2. Emergency Departments

- | | |
|---|----|
| a. Total number of emergency departments | 74 |
| b. Number of referral emergency services | 0 |
| c. Number of standby emergency services | 1 |
| d. Number of basic emergency services | 71 |
| e. Number of comprehensive emergency services | 2 |

(LAC+USC Medical Center and Ronald Reagan UCLA Medical Center)

3. Receiving Hospitals

- | | |
|--|----|
| a. Number of receiving hospitals with written agreements | 73 |
| b. Number of base hospitals with written agreements | 21 |



Los Angeles County – Department of Health Services
EMERGENCY MEDICAL SERVICES PLAN
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(Fiscal Years 2015 & 2016)



TABLE 7: SYSTEM RESOURCES AND OPERATIONS - Disaster Medical

EMS System: **County of Los Angeles**

Reporting Year: **Fiscal Years 2015-2016**

SYSTEM RESOURCES

- | | | |
|----|---|---|
| 1. | Casualty Collections Points (CCP) | |
| a. | Where are your CCPs located? | Fire Department establishes field treatment sites near the incident. |
| b. | How are they staffed? | Prehospital Care Personnel. |
| c. | Do you have a supply system for supporting them for 72 hours? | Yes <u>X</u> No |
| 2. | CISD – | |
| | Do you have a CISD provider with 24 hour capability? | Yes No <u>X</u> |
| 3. | Medical Response Team* | |
| a. | Do you have any team medical response capability | Yes No <u>X</u> |
| b. | For each team, are they incorporated into your local response plan? | Yes No |
| | N/A | |
| c. | Are they available for statewide response? | Yes No |
| | N/A | |
| d. | Are they part of a formal out-of-state response system? | Yes No |
| | N/A | |
| 4. | Hazardous Materials | |
| a. | Do you have any HazMat trained medical response teams? | Yes <u>X</u> No |
| b. | At what HazMat level are they trained? Level C Hospital Decon Team | |
| c. | Do you have the ability to do decontamination in an emergency room? | Yes <u>X</u> No |
| d. | Do you have the ability to do decontamination in the field? | Yes <u>X</u> No |

OPERATIONS

1. Are you using a Standardized Emergency Management System (SEMS) that incorporates a form of Incident Command System (ICS) structure? **Yes X No**

2. What is the maximum number of local jurisdiction EOCs you will need to interact with in a disaster? **1**

3. Have you tested your MCI Plan this year in a:
 - a. real event? **Yes No X**
 - b. exercise? **Yes X No**

4. List all counties with which you have a written medical mutual aid agreement.
Orange, Riverside, San Bernardino, Santa Barbara, Ventura, San Luis Obispo, San Diego, Inyo, Mono, and Imperial counties.

5. Do you have formal agreements with hospitals in your operational area to participate in disaster planning and response? **Yes X No**

6. Do you have formal agreements with community clinics in your operational areas to participate in disaster planning and response? **Yes X No**

7. Are you part of a multi-county EMS system for disaster response? **Yes No X**

8. Are you a separate department or agency? **Yes No X**

9. If not, to whom do you report?
LA County Department of Health Services (DHS)

10. If your agency is not in the Health Department, do you have a plan to coordinate public health and environmental health issues with the Health Department? **Yes X No**



**Los Angeles County – Department of Health Services
EMERGENCY MEDICAL SERVICES PLAN
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Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

EMS System: Los Angeles County

Provider: American Professional Ambulance

Address: 16945 Sherman Way
Van Nuys, CA 91406

Telephone number: 818.996.2200

Reporting Year: Fiscal Year 2015-2016

Response Zone: All
Number of Ambulances in Fleet: 32

Average Number of Ambulances on Duty at 12:00 p.m. (noon) on Any Given Day: 20

Written Contract:		Medical Director:	System Available 24 Hours:	Service:
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	<input type="checkbox"/> ALS <input type="checkbox"/> BLS <input type="checkbox"/> LALS <input checked="" type="checkbox"/> CCT <input type="checkbox"/> IFT
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 9-1-1 <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> Water
Ownership:		If Public:	If Air:	Air Classification:
<input type="checkbox"/> Public	<input type="checkbox"/> Private	<input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Rotary <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Fixed Wing <input type="checkbox"/> Federal	<input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> ALS Rescue <input type="checkbox"/> Other <input type="checkbox"/> Explain:	<input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> CCT <input type="checkbox"/> BLS Rescue
Transporting Agencies				
18,367		Total number of responses	17,873	Total number of transports
0		Number of emergency responses	0	Number of emergency transports
18,367		Number of non-emergency responses	17,873	Number of non-emergency transports
Air Ambulance Services				
N/A	Total number of responses	N/A	Total number of transports	
N/A	Number of emergency responses	N/A	Number of emergency transports	
N/A	Number of non-emergency responses	N/A	Number of non-emergency transports	

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

Provider: Americare Ambulance	Response Zone: All		
Address: 1059 E. Bedmar Street Carson, CA 91746	Number of Ambulances in Fleet: 56		
Telephone number: 310.835.9390	Average Number of Ambulances on Duty at 12:00 p.m. (noon) on Any Given Day: 25		
Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
System Available 24 Hours: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Service: <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input checked="" type="checkbox"/> CCT <input type="checkbox"/> Water	
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private		If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Rotary <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Fixed Wing <input type="checkbox"/> Federal	
If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other <input type="checkbox"/> Other Explain:		Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	
Transporting Agencies			
$\frac{39,830}{15,764}$ Total number of responses $\frac{15,764}{24,066}$ Number of emergency responses $\frac{24,066}{}$ Number of non-emergency responses		$\frac{30,643}{12,504}$ Total number of transports $\frac{12,504}{18,139}$ Number of emergency transports $\frac{18,139}{}$ Number of non-emergency transports	
Air Ambulance Services			
N/A	Total number of responses	N/A	Total number of transports
N/A	Number of emergency responses	N/A	Number of emergency transports
N/A	Number of non-emergency responses	N/A	Number of non-emergency transports

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

Provider:	Arcadia Fire Department			Response Zone:	Arcadia		
Address:	710 S. Santa Anita Arcadia, CA 91006			Number of Ambulances in Fleet:	2		
Telephone number:	626.574.5100			Average Number of Ambulances on Duty at 12:00 p.m. (noon) on Any Given Day:	2		
Written Contract:		Medical Director:		System Available 24 Hours:		Service:	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> BLS <input checked="" type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> IFT <input checked="" type="checkbox"/> 9-1-1 <input type="checkbox"/> 7-Digit <input type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> IFT	
Ownership:		If Public:		If Public:		Air Classification:	
<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		<input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:		<input checked="" type="checkbox"/> City <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> County <input type="checkbox"/> Fire District <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing		<input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLIS Rescue	
Transporting Agencies							
3,921 Total number of responses <hr/> 3,921 Number of emergency responses <hr/> 0 Number of non-emergency responses				2,816 Total number of transports <hr/> 2,816 Number of emergency transports <hr/> 0 Number of non-emergency transports			
Air Ambulance Services							
N/A Total number of responses <hr/> N/A Number of emergency responses <hr/> N/A Number of non-emergency responses				N/A Total number of transports <hr/> N/A Number of emergency transports <hr/> N/A Number of non-emergency transports			

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

Provider: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	System Available 24 Hours: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport <input type="checkbox"/> LALS <input type="checkbox"/> IFT	Service: <input checked="" type="checkbox"/> ALS <input type="checkbox"/> BLS <input type="checkbox"/> CCT <input type="checkbox"/> IFT <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> County <input type="checkbox"/> Fire District	If Air: <input type="checkbox"/> Rotary Wing <input type="checkbox"/> Fixed Wing	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
Transporting Agencies				
5,672 Total number of responses <hr/> 4,771 Number of emergency responses <hr/> 901 Number of non-emergency responses		Air Ambulance Services <hr/> 3,163 Total number of transports <hr/> 3,027 Number of emergency transports <hr/> 136 Number of non-emergency transports		
N/A	Total number of responses	N/A	Total number of transports	
N/A	Number of emergency responses	N/A	Number of emergency transports	
N/A	Number of non-emergency responses	N/A	Number of non-emergency transports	

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

Provider: Antelope Ambulance Services
Address: 42540 N. 6th Street East
 Lancaster, CA 93535

Telephone number: 661.951.1998

Response Zone:

Number of Ambulances in Fleet:

7

Average Number of Ambulances on Duty at 12:00 p.m. (noon) on Any Given Day:

Written Contract:		Medical Director:	System Available 24 Hours:			Service:		
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Transport	<input checked="" type="checkbox"/> ALS	<input type="checkbox"/> 9-1-1	<input checked="" type="checkbox"/> Ground	
				<input type="checkbox"/> Non-Transport	<input checked="" type="checkbox"/> BLS	<input type="checkbox"/> 7-Digit	<input type="checkbox"/> Air	
				<input type="checkbox"/> LALS	<input type="checkbox"/> CCT	<input type="checkbox"/> Water	<input type="checkbox"/> IFT	
Ownership:		If Public:		If Air:		Air Classification:		
<input type="checkbox"/> Public	<input type="checkbox"/> Fire	<input type="checkbox"/> County	<input type="checkbox"/> Rotary	<input type="checkbox"/> Auxiliary Rescue				
<input checked="" type="checkbox"/> Private	<input type="checkbox"/> Law	<input type="checkbox"/> State	<input type="checkbox"/> Fixed Wing	<input type="checkbox"/> Air Ambulance				
		<input type="checkbox"/> Federal		<input type="checkbox"/> ALS Rescue				
				<input type="checkbox"/> BLS Rescue				
Transporting Agencies								
7,792 Total number of responses		6,670 Total number of transports						
<u>5,512</u> Number of emergency responses		<u>2,178</u> Number of emergency transports						
<u>2,280</u> Number of non-emergency responses		<u>4,492</u> Number of non-emergency transports						
Air Ambulance Services								
N/A	Total number of responses	N/A	Total number of transports					
N/A	Number of emergency responses	N/A	Number of emergency transports					
N/A	Number of non-emergency responses	N/A	Number of non-emergency transports					

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

Provider: American Medical Response
Address: 1055 West Avenue J
 Lancaster, CA 93531

Telephone number: 661.945.9310

Response Zone: 1- Antelope Valley

Number of Ambulances in Fleet:

31

Average Number of Ambulances on Duty at 12:00 p.m. (noon) on Any Given Day:

Written Contract:		Medical Director:		System Available 24 Hours:		Service:	
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Transport	<input checked="" type="checkbox"/> ALS
						<input checked="" type="checkbox"/> Non-Transport	<input checked="" type="checkbox"/> BLS
						<input type="checkbox"/> LALS	<input type="checkbox"/> 7-Digit
						<input type="checkbox"/> CCT	<input type="checkbox"/> Air
						<input type="checkbox"/> IFT	<input type="checkbox"/> Water
						Air Classification:	
						<input type="checkbox"/> Auxiliary Rescue	<input type="checkbox"/> Ground
						<input type="checkbox"/> Air Ambulance	<input type="checkbox"/> 9-1-1
						<input type="checkbox"/> ALS Rescue	<input type="checkbox"/> 7-Digit
						<input type="checkbox"/> BLS Rescue	<input type="checkbox"/> CCT
						If Public:	
						<input type="checkbox"/> City	<input type="checkbox"/> County
						<input type="checkbox"/> State	<input type="checkbox"/> Fire District
						<input type="checkbox"/> Federal	<input type="checkbox"/> Fixed Wing
						If Air:	
						<input type="checkbox"/> Rotary	<input type="checkbox"/> CCT
						<input type="checkbox"/> Fixed Wing	<input type="checkbox"/> IFT
						Transporting Agencies	
						<u>36,419</u>	Total number of transports
						<u>32,909</u>	Number of emergency transports
						<u>3,510</u>	Number of non-emergency transports
						Air Ambulance Services	
						<u>N/A</u>	Total number of transports
						<u>N/A</u>	Number of emergency transports
						<u>N/A</u>	Number of non-emergency transports

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

Provider: American Medical Response
Address: 24907 Avenue Tibbitts, Suite D & E
Santa Clarita, CA 91355
Telephone number: 661.964.6324

46

Average Number of Ambulances on Duty at 12:00 p.m. (noon) on Any Given Day:

Written Contract:		Medical Director:		System Available 24 Hours:		Service:	
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Transport	<input checked="" type="checkbox"/> ALS	<input checked="" type="checkbox"/> 9-1-1	<input checked="" type="checkbox"/> Ground
				<input checked="" type="checkbox"/> Non-Transport	<input checked="" type="checkbox"/> BLS	<input type="checkbox"/> 7-Digit	<input type="checkbox"/> Air
				<input type="checkbox"/> LAS	<input checked="" type="checkbox"/> CCT	<input checked="" type="checkbox"/> Water	<input type="checkbox"/> IFT
Ownership:		If Public:		If Air:		Air Classification:	
<input type="checkbox"/> Public	<input type="checkbox"/> Fire	<input type="checkbox"/> County	<input type="checkbox"/> Rotary	<input type="checkbox"/> Auxiliary Rescue			
<input checked="" type="checkbox"/> Private	<input type="checkbox"/> Law	<input type="checkbox"/> State	<input type="checkbox"/> Fixed Wing	<input type="checkbox"/> Air Ambulance			
		<input type="checkbox"/> Federal		<input type="checkbox"/> ALS Rescue			
		Explain:		<input type="checkbox"/> BLS Rescue			
Transporting Agencies							
<u>33,263</u>	Total number of responses		<u>27,393</u>		Total number of transports		
<u>16,550</u>	Number of emergency responses		<u>11,832</u>		Number of emergency transports		
<u>16,713</u>	Number of non-emergency responses		<u>15,561</u>		Number of non-emergency transports		
Air Ambulance Services							
<u>N/A</u>	Total number of responses		<u>N/A</u>		Total number of transports		
<u>N/A</u>	Number of emergency responses		<u>N/A</u>		Number of emergency transports		
<u>N/A</u>	Number of non-emergency responses		<u>N/A</u>		Number of non-emergency transports		

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

Provider: American Medical Response	Response Zone: 5-San Gabriel Valley																	
Address: 5257 N. Vincent Avenue Irwindale, CA 91706	Number of Ambulances in Fleet: 52																	
Telephone number: 626.633.4664	Average Number of Ambulances on Duty at 12:00 p.m. (noon) on Any Given Day: 32																	
Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																
		System Available 24 Hours: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																
		<input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport <input type="checkbox"/> LALS <input checked="" type="checkbox"/> IFT																
		Service: <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> BLs <input type="checkbox"/> 7-Digit <input checked="" type="checkbox"/> CCT <input checked="" type="checkbox"/> Water																
		Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue																
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private		If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:																
		If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing																
Transporting Agencies																		
<table> <tr> <td>Total</td> <td>61,209</td> <td>Total number of responses</td> <td>49,625</td> <td>Total number of transports</td> </tr> <tr> <td></td> <td>40,139</td> <td>Number of emergency responses</td> <td>29,971</td> <td>Number of emergency transports</td> </tr> <tr> <td></td> <td>21,070</td> <td>Number of non-emergency responses</td> <td>19,654</td> <td>Number of non-emergency transports</td> </tr> </table>				Total	61,209	Total number of responses	49,625	Total number of transports		40,139	Number of emergency responses	29,971	Number of emergency transports		21,070	Number of non-emergency responses	19,654	Number of non-emergency transports
Total	61,209	Total number of responses	49,625	Total number of transports														
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Air Ambulance Services																		
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Total	N/A	Total number of transports	N/A	Total number of transports														
	N/A	Number of emergency responses	N/A	Number of emergency transports														
	N/A	Number of non-emergency responses	N/A	Number of non-emergency transports														

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

Provider:	All Town Ambulance														
Address:	13812 Saticoy Street Panorama City, CA 92408														
Telephone number:	818.787.8737														
Response Zone:	N/A														
Number of Ambulances in Fleet:	13														
Average Number of Ambulances on Duty at 12:00 p.m. (noon) on Any Given Day:	10														
Written Contract:		Medical Director:													
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No													
		<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> BLS <input type="checkbox"/> LALS <input type="checkbox"/> 9-1-1 <input type="checkbox"/> 7-Digit <input checked="" type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> Ground <input type="checkbox"/> Air <input checked="" type="checkbox"/> IFT													
Ownership:		If Public:													
<input type="checkbox"/> Public <input checked="" type="checkbox"/> Private		<input type="checkbox"/> Fire <input type="checkbox"/> County <input type="checkbox"/> Law <input type="checkbox"/> Fire District <input type="checkbox"/> Other <input type="checkbox"/> Federal <input type="checkbox"/> Explain:													
		If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing													
		Air Classification:													
		<input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLIS Rescue													
Transporting Agencies															
<table border="1"> <tr> <td>7,500</td> <td>Total number of responses</td> <td>7,500</td> <td>Total number of transports</td> </tr> <tr> <td>0</td> <td>Number of emergency responses</td> <td>0</td> <td>Number of emergency transports</td> </tr> <tr> <td>7,500</td> <td>Number of non-emergency responses</td> <td>7,500</td> <td>Number of non-emergency transports</td> </tr> </table>				7,500	Total number of responses	7,500	Total number of transports	0	Number of emergency responses	0	Number of emergency transports	7,500	Number of non-emergency responses	7,500	Number of non-emergency transports
7,500	Total number of responses	7,500	Total number of transports												
0	Number of emergency responses	0	Number of emergency transports												
7,500	Number of non-emergency responses	7,500	Number of non-emergency transports												
Air Ambulance Services															
N/A	Total number of responses	N/A	Total number of transports												
N/A	Number of emergency responses	N/A	Number of emergency transports												
N/A	Number of non-emergency responses	N/A	Number of non-emergency transports												

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

Provider: Avalon Fire Department
Address: P.O. Box 707 (420 Canyon Road)
Avalon, CA 90704
Telephone number: 310.510.0203

Response Zone: City of Avalon / Catalina Island
Number of Ambulances in Fleet: 2

Average Number of Ambulances on Duty at 12:00 p.m. (noon) on Any Given Day: 1

<u>Written Contract:</u>		<u>Medical Director:</u>	<u>System Available 24 Hours:</u>			<u>Service:</u>												
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport			<input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> BLS <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> IFT												
			<input type="checkbox"/> Non-Transport			<input checked="" type="checkbox"/> 9-1-1 <input type="checkbox"/> 7-Digit <input type="checkbox"/> CCT <input type="checkbox"/> IFT												
						<input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water												
<u>Ownership:</u>		<u>If Public:</u>	<u>If Air:</u>			<u>Air Classification:</u>												
<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		<input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<input checked="" type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Federal			<input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue												
<u>Transporting Agencies:</u>																		
<table border="1"> <tr> <td>670</td> <td>Total number of responses</td> <td>498</td> <td>Total number of transports</td> </tr> <tr> <td>660</td> <td>Number of emergency responses</td> <td>498</td> <td>Number of emergency transports</td> </tr> <tr> <td>10</td> <td>Number of non-emergency responses</td> <td>0</td> <td>Number of non-emergency transports</td> </tr> </table>							670	Total number of responses	498	Total number of transports	660	Number of emergency responses	498	Number of emergency transports	10	Number of non-emergency responses	0	Number of non-emergency transports
670	Total number of responses	498	Total number of transports															
660	Number of emergency responses	498	Number of emergency transports															
10	Number of non-emergency responses	0	Number of non-emergency transports															
<u>Air Ambulance Services</u>																		
N/A	Total number of responses	N/A	Total number of transports															
N/A	Number of emergency responses	N/A	Number of emergency transports															
N/A	Number of non-emergency responses	N/A	Number of non-emergency transports															

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

Provider:	Amwest Ambulance			Response Zone:	San Fernando Valley		
Address:	7650 Lankershim Boulevard North Hollywood, CA 91605			Number of Ambulances in Fleet:	26		
Telephone number:	818.859.7999			Average Number of Ambulances on Duty at 12:00 p.m. (noon) on Any Given Day:	17		
Written Contract:		Medical Director:		System Available 24 Hours:		Service:	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Transport <input type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input checked="" type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT	
Ownership:		If Public:		If Private:		Air Classification:	
<input type="checkbox"/> Public <input checked="" type="checkbox"/> Private		<input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:		<input type="checkbox"/> City <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> County <input type="checkbox"/> Fire District <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing		<input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	
Transporting Agencies							
$\frac{20,737}{20,737}$ Total number of responses $\frac{0}{20,737}$ Number of emergency responses $\frac{20,737}{20,737}$ Number of non-emergency responses				$\frac{20,728}{20,716}$ Total number of transports $\frac{12}{20,716}$ Number of emergency transports $\frac{20,716}{20,716}$ Number of non-emergency transports			
Air Ambulance Services							
N/A	Total number of responses		N/A		Total number of transports		
N/A	Number of emergency responses		N/A		Number of emergency transports		
N/A	Number of non-emergency responses		N/A		Number of non-emergency transports		

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

Provider: Burbank Fire Department
Address: 311 E. Orange Grove Avenue
 Burbank, CA 91502
Telephone number: 818.238.3473

Response Zone: Burbank
Number of Ambulances in Fleet: 3
Average Number of Ambulances on Duty at 12:00 p.m. (noon) on Any Given Day: 3

Written Contract:		Medical Director:		System Available 24 Hours:		Service:	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT	
Ownership:		If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> County <input type="checkbox"/> Law <input type="checkbox"/> Fire District <input type="checkbox"/> Other <input type="checkbox"/> Federal Explain:		If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal		If Air: <input type="checkbox"/> Rotary Wing <input type="checkbox"/> Fixed Wing	
Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue							
Transporting Agencies							
$\frac{8,759}{8,759}$ Total number of responses $\frac{8,759}{0}$ Number of emergency responses $\frac{0}{0}$ Number of non-emergency responses							
$\frac{4,852}{4,852}$ Total number of transports $\frac{4,852}{0}$ Number of emergency transports $\frac{0}{0}$ Number of non-emergency transports							
Air Ambulance Services							
N/A	Total number of transports						
N/A	Number of emergency transports						
N/A	Number of non-emergency transports						

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

Provider: Care Ambulance Service, Inc.
Address: 12160 Mora Drive
 Santa Fe Springs, CA 90670

Telephone number: 714.288.3800

Response Zone: EO/A 6
Number of Ambulances in Fleet:
Average Number of Ambulances on Duty at 12:00 p.m. (noon) on Any Given Day: 65

Written Contract:		Medical Director:		System Available 24 Hours:		Service:	
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Transport	<input type="checkbox"/> ALS	<input checked="" type="checkbox"/> 9-1-1	<input checked="" type="checkbox"/> Ground
				<input type="checkbox"/> Non-Transport	<input checked="" type="checkbox"/> BLS	<input checked="" type="checkbox"/> 7-Digit	<input type="checkbox"/> Air
				<input type="checkbox"/>	<input checked="" type="checkbox"/> LALS	<input checked="" type="checkbox"/> CCT	<input type="checkbox"/> Water
				<input type="checkbox"/>	<input checked="" type="checkbox"/> IFT		
Ownership:		If Public:		If Air:		Air Classification:	
<input type="checkbox"/> Public	<input type="checkbox"/> Private	<input type="checkbox"/> Fire	<input type="checkbox"/> Law	<input type="checkbox"/> County	<input type="checkbox"/> Rotary	<input type="checkbox"/> Auxiliary Rescue	
		<input type="checkbox"/> Other	<input type="checkbox"/> Explain:	<input type="checkbox"/> State	<input type="checkbox"/> Fixed Wing	<input type="checkbox"/> Air Ambulance	
				<input type="checkbox"/> Federal		<input type="checkbox"/> ALS Rescue	
						<input type="checkbox"/> BLS Rescue	
Transporting Agencies							
<u>101,059</u>	Total number of responses	<u>75,505</u>	Total number of transports				
<u>89,172</u>	Number of emergency responses	<u>64,801</u>	Number of emergency transports				
<u>11,887</u>	Number of non-emergency responses	<u>10,704</u>	Number of non-emergency transports				
Air Ambulance Services							
<u>N/A</u>	Total number of responses	<u>N/A</u>	Total number of transports				
<u>N/A</u>	Number of emergency responses	<u>N/A</u>	Number of emergency transports				
<u>N/A</u>	Number of non-emergency responses	<u>N/A</u>	Number of non-emergency transports				

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

Provider:	Culver City Fire Department		
Address:	9770 Culver Boulevard Culver City, CA 90232		
Telephone number:	310.253.5900		
Response Zone: Culver City			
Number of Ambulances in Fleet: 5			
Average Number of Ambulances on Duty at 12:00 p.m. (noon) on Any Given Day: 3			
Written Contract:		Medical Director:	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
		<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	
		<input checked="" type="checkbox"/> ALS <input type="checkbox"/> BLS <input type="checkbox"/> LALS	
		<input type="checkbox"/> 9-1-1 <input type="checkbox"/> 7-Digit <input type="checkbox"/> CCT <input type="checkbox"/> IFT	
		<input type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	
Ownership:		If Public:	
<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		<input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other <input type="checkbox"/> Explain: <input type="checkbox"/> County <input type="checkbox"/> Fire District <input type="checkbox"/> State <input type="checkbox"/> Federal	
		If Air: <input type="checkbox"/> Rotary Wing <input type="checkbox"/> Fixed Wing	
Air Classification:			
<input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue			
Transporting Agencies:			
$\frac{4,339}{4,339}$ Total number of responses $\frac{0}{4,339}$ Number of emergency responses $\frac{0}{0}$ Number of non-emergency responses			
$\frac{3,255}{2,474}$ Total number of transports $\frac{781}{2,474}$ Number of emergency transports $\frac{781}{781}$ Number of non-emergency transports			
Air Ambulance Services			
N/A	Total number of responses		
N/A	Number of emergency responses		
N/A	Number of non-emergency responses		
N/A	Total number of transports		
N/A	Number of emergency transports		
N/A	Number of non-emergency transports		

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

Provider: Los Angeles County Fire Department	Response Zone: Los Angeles County																								
Address: 1320 N. Eastern Avenue Los Angeles, CA 90063-3294	Number of Ambulances in Fleet: 73 Squads, 7 ALS Engines, 24 Assessment Units, 8 Helicopters, 2 ALS Boats																								
Telephone number: 323.881.2411	Average Number of Ambulances on Duty at 12:00 p.m. (noon) on Any Given Day: 109																								
<table border="1"> <tr> <td>Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</td> <td>Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</td> <td>System Available 24 Hours: <input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport <input type="checkbox"/> LALS <input type="checkbox"/> IFT</td> <td>Service: <input checked="" type="checkbox"/> ALS <input type="checkbox"/> BLS <input type="checkbox"/> CCT <input type="checkbox"/> IFT <input checked="" type="checkbox"/> 9-1-1 <input type="checkbox"/> 7-Digit <input type="checkbox"/> CCT <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Air <input checked="" type="checkbox"/> Water</td> </tr> <tr> <td>Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private</td> <td>If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other <input type="checkbox"/> Explain:</td> <td>If Public: <input type="checkbox"/> City <input type="checkbox"/> State <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County <input type="checkbox"/> Fire District</td> <td>Air Classification: <input type="checkbox"/> Auxiliary Rescue <input checked="" type="checkbox"/> Air Ambulance <input checked="" type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</td> </tr> <tr> <td colspan="2"></td> <td>Transporting Agencies</td> <td></td> </tr> <tr> <td colspan="2"> $\frac{286,756}{286,756}$ Total number of responses $\frac{0}{286,756}$ Number of emergency responses $\frac{0}{286,756}$ Number of non-emergency responses </td> <td> $\frac{0}{0}$ Total number of transports $\frac{0}{0}$ Number of emergency transports $\frac{0}{0}$ Number of non-emergency transports </td> <td></td> </tr> <tr> <td colspan="2"></td> <td>Air Ambulance Services</td> <td></td> </tr> <tr> <td colspan="2"> $\frac{1,331}{1,331}$ Total number of responses $\frac{1,331}{1,331}$ Number of emergency responses $\frac{0}{1,331}$ Number of non-emergency responses </td> <td> $\frac{1,081}{1,081}$ Total number of transports $\frac{1,081}{1,081}$ Number of emergency transports $\frac{0}{1,081}$ Number of non-emergency transports </td> <td></td> </tr> </table>		Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	System Available 24 Hours: <input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport <input type="checkbox"/> LALS <input type="checkbox"/> IFT	Service: <input checked="" type="checkbox"/> ALS <input type="checkbox"/> BLS <input type="checkbox"/> CCT <input type="checkbox"/> IFT <input checked="" type="checkbox"/> 9-1-1 <input type="checkbox"/> 7-Digit <input type="checkbox"/> CCT <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Air <input checked="" type="checkbox"/> Water	Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other <input type="checkbox"/> Explain:	If Public: <input type="checkbox"/> City <input type="checkbox"/> State <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County <input type="checkbox"/> Fire District	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input checked="" type="checkbox"/> Air Ambulance <input checked="" type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue			Transporting Agencies		$\frac{286,756}{286,756}$ Total number of responses $\frac{0}{286,756}$ Number of emergency responses $\frac{0}{286,756}$ Number of non-emergency responses		$\frac{0}{0}$ Total number of transports $\frac{0}{0}$ Number of emergency transports $\frac{0}{0}$ Number of non-emergency transports				Air Ambulance Services		$\frac{1,331}{1,331}$ Total number of responses $\frac{1,331}{1,331}$ Number of emergency responses $\frac{0}{1,331}$ Number of non-emergency responses		$\frac{1,081}{1,081}$ Total number of transports $\frac{1,081}{1,081}$ Number of emergency transports $\frac{0}{1,081}$ Number of non-emergency transports	
Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	System Available 24 Hours: <input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport <input type="checkbox"/> LALS <input type="checkbox"/> IFT	Service: <input checked="" type="checkbox"/> ALS <input type="checkbox"/> BLS <input type="checkbox"/> CCT <input type="checkbox"/> IFT <input checked="" type="checkbox"/> 9-1-1 <input type="checkbox"/> 7-Digit <input type="checkbox"/> CCT <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Air <input checked="" type="checkbox"/> Water																						
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other <input type="checkbox"/> Explain:	If Public: <input type="checkbox"/> City <input type="checkbox"/> State <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County <input type="checkbox"/> Fire District	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input checked="" type="checkbox"/> Air Ambulance <input checked="" type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue																						
		Transporting Agencies																							
$\frac{286,756}{286,756}$ Total number of responses $\frac{0}{286,756}$ Number of emergency responses $\frac{0}{286,756}$ Number of non-emergency responses		$\frac{0}{0}$ Total number of transports $\frac{0}{0}$ Number of emergency transports $\frac{0}{0}$ Number of non-emergency transports																							
		Air Ambulance Services																							
$\frac{1,331}{1,331}$ Total number of responses $\frac{1,331}{1,331}$ Number of emergency responses $\frac{0}{1,331}$ Number of non-emergency responses		$\frac{1,081}{1,081}$ Total number of transports $\frac{1,081}{1,081}$ Number of emergency transports $\frac{0}{1,081}$ Number of non-emergency transports																							

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

Provider: Los Angeles Fire Department
Address: 200 N. Main Street
 Los Angeles, CA 90012
Telephone number: 213.978.3885

Response Zone: Los Angeles City
Number of Ambulances in Fleet: 140

Average Number of Ambulances on Duty at 12:00 p.m. (noon) on Any Given Day: 137

<u>Written Contract:</u>		<u>Medical Director:</u>	<u>System Available 24 Hours:</u>		<u>Service:</u>	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Transport	<input checked="" type="checkbox"/> ALS	<input checked="" type="checkbox"/> 9-1-1
				<input type="checkbox"/> Non-Transport	<input checked="" type="checkbox"/> BLS	<input checked="" type="checkbox"/> 7-Digit
				<input type="checkbox"/>	<input type="checkbox"/> LALS	<input type="checkbox"/> CCT
						<input checked="" type="checkbox"/> Water
						<input checked="" type="checkbox"/> IFT
<u>Ownership:</u>		<u>If Public:</u>	<u>If Air:</u>		<u>Air Classification:</u>	
<input checked="" type="checkbox"/> Public	<input checked="" type="checkbox"/> Private	<input checked="" type="checkbox"/> Fire	<input checked="" type="checkbox"/> County	<input checked="" type="checkbox"/> Rotary	<input checked="" type="checkbox"/> Auxiliary Rescue	
		<input type="checkbox"/> Law	<input type="checkbox"/> Fire District	<input type="checkbox"/> Fixed Wing	<input type="checkbox"/> Air Ambulance	
		<input type="checkbox"/> Other			<input checked="" type="checkbox"/> ALS Rescue	
		Explain:			<input type="checkbox"/> BLS Rescue	
<u>Transporting Agencies</u>						
400,670 Total number of responses						
<u>Air Ambulance Services</u>						
Total number of transports						
Number of emergency transports						
Number of non-emergency transports						
<u>Total Responses</u>						
328 Total number of responses						
328 Number of emergency responses						
0 Number of non-emergency responses						
<u>Total Transports</u>						
70 Total number of transports						
70 Number of emergency transports						
0 Number of non-emergency transports						

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

Provider: Compton Fire Department
Address: 201 S. Acacia Avenue
 Compton, CA 90220
Telephone number: 310.605.5670

Response Zone: 6-City of Compton
Number of Ambulances in Fleet: 3

Average Number of Ambulances on Duty at 12:00 p.m. (noon) on Any Given Day: 2

Written Contract:		Medical Director:			System Available 24 Hours:		Service:		
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Transport	<input checked="" type="checkbox"/> ALS	<input checked="" type="checkbox"/> 9-1-1	<input checked="" type="checkbox"/> Ground
					<input type="checkbox"/> Non-Transport		<input type="checkbox"/> BLS	<input type="checkbox"/> 7-Digit	<input type="checkbox"/> Air
					<input type="checkbox"/> LALS		<input type="checkbox"/> CCT	<input type="checkbox"/> Water	<input type="checkbox"/> IFT
Ownership:		If Public:			If Air:		Air Classification:		
<input checked="" type="checkbox"/> Public	<input checked="" type="checkbox"/> Private	<input checked="" type="checkbox"/> Fire	<input type="checkbox"/> Law	<input type="checkbox"/> Other	<input checked="" type="checkbox"/> City	<input type="checkbox"/> County	<input type="checkbox"/> Rotary	<input type="checkbox"/> Auxiliary Rescue	<input type="checkbox"/> Air Ambulance
					<input type="checkbox"/> State	<input type="checkbox"/> Fire District	<input type="checkbox"/> Fixed Wing	<input type="checkbox"/> ALS Rescue	<input type="checkbox"/> BLS Rescue
					<input type="checkbox"/> Federal				
Transporting Agencies									
8,508	Total number of responses			7,102			Total number of transports		
8,508	Number of emergency responses			7,102			Number of emergency transports		
0	Number of non-emergency responses			0			Number of non-emergency transports		
Air Ambulance Services									
N/A	Total number of responses			N/A			Total number of transports		
N/A	Number of emergency responses			N/A			Number of emergency transports		
N/A	Number of non-emergency responses			N/A			Number of non-emergency transports		

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

Provider: Los Angeles County Sheriff Department
Address: 1060 N. Eastern Avenue
 Los Angeles, CA 90063
Telephone number: 323.881.7800
Response Zone: Los Angeles County
Number of Ambulances in Fleet: 3 Helicopters, 3 Ambulances, 3 ALS Boats
Average Number of Ambulances on Duty at 12:00 p.m. (noon) on Any Given Day: 7

<u>Written Contract:</u>		<u>Medical Director:</u>	<u>System Available 24 Hours:</u>	<u>Service:</u>												
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input type="checkbox"/> 9-1-1 <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> 7-Digit <input type="checkbox"/> IFT <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water												
<u>Ownership:</u>		<u>If Public:</u>	<u>If Air:</u>	<u>Air Classification:</u>												
<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		<input type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<input type="checkbox"/> City <input type="checkbox"/> State <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County <input type="checkbox"/> Fire District <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input checked="" type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue												
<u>Transporting Agencies</u>																
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">187</td> <td>Total number of responses</td> <td style="width: 15%; text-align: right;">7</td> <td>Total number of transports</td> </tr> <tr> <td>179</td> <td>Number of emergency responses</td> <td style="text-align: right;">7</td> <td>Number of emergency transports</td> </tr> <tr> <td>8</td> <td>Number of non-emergency responses</td> <td style="text-align: right;">0</td> <td>Number of non-emergency transports</td> </tr> </table>					187	Total number of responses	7	Total number of transports	179	Number of emergency responses	7	Number of emergency transports	8	Number of non-emergency responses	0	Number of non-emergency transports
187	Total number of responses	7	Total number of transports													
179	Number of emergency responses	7	Number of emergency transports													
8	Number of non-emergency responses	0	Number of non-emergency transports													
<u>Air Ambulance Services</u>																
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">537</td> <td>Total number of responses</td> <td style="width: 15%; text-align: right;">291</td> <td>Total number of transports</td> </tr> <tr> <td>479</td> <td>Number of emergency responses</td> <td style="text-align: right;">237</td> <td>Number of emergency transports</td> </tr> <tr> <td>58</td> <td>Number of non-emergency responses</td> <td style="text-align: right;">0</td> <td>Number of non-emergency transports</td> </tr> </table>					537	Total number of responses	291	Total number of transports	479	Number of emergency responses	237	Number of emergency transports	58	Number of non-emergency responses	0	Number of non-emergency transports
537	Total number of responses	291	Total number of transports													
479	Number of emergency responses	237	Number of emergency transports													
58	Number of non-emergency responses	0	Number of non-emergency transports													

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

Provider: Downey Fire Department
Address: 12222 Paramount Boulevard
 Downey, CA 90241
Telephone number: 562.622.8674
Response Zone: Downey
Number of Ambulances in Fleet: 7
Average Number of Ambulances on Duty at 12:00 p.m. (noon) on Any Given Day: 4

Written Contract:		Medical Director:			System Available 24 Hours:		Service:		
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Transport	<input checked="" type="checkbox"/> ALS	<input checked="" type="checkbox"/> 9-1-1	<input checked="" type="checkbox"/> Ground
						<input type="checkbox"/> Non-Transport	<input checked="" type="checkbox"/> BLS	<input checked="" type="checkbox"/> 7-Digit	<input type="checkbox"/> Air
						<input type="checkbox"/> LALS	<input type="checkbox"/> CCT	<input type="checkbox"/> Water	<input type="checkbox"/> IFT
Ownership:		If Public:			If Public:		If Air:		Air Classification:
<input checked="" type="checkbox"/> Public	<input checked="" type="checkbox"/> Private	<input checked="" type="checkbox"/> Fire	<input type="checkbox"/> Law	<input type="checkbox"/> Other	<input checked="" type="checkbox"/> City	<input type="checkbox"/> County	<input type="checkbox"/> Rotary	<input type="checkbox"/> Auxiliary Rescue	
					<input type="checkbox"/> State	<input type="checkbox"/> Fire District	<input type="checkbox"/> Fixed Wing	<input type="checkbox"/> Air Ambulance	
					<input type="checkbox"/> Federal			<input type="checkbox"/> ALS Rescue	
								<input type="checkbox"/> BLS Rescue	
Transporting Agencies									
<u>9,212</u>	Total number of responses	<u>6,161</u>	Total number of transports						
<u>9,212</u>	Number of emergency responses	<u>3,146</u>	Number of emergency transports						
<u>0</u>	Number of non-emergency responses	<u>3,015</u>	Number of non-emergency transports						
Air Ambulance Services									
<u>N/A</u>	Total number of responses	<u>N/A</u>	Total number of transports						
<u>N/A</u>	Number of emergency responses	<u>N/A</u>	Number of emergency transports						
<u>N/A</u>	Number of non-emergency responses	<u>N/A</u>	Number of non-emergency transports						

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

Provider: Emergency Ambulance Service, Inc.
Address: 3200E. Birch Street, Suite A
 Brea, CA 92821

Telephone number: 714.986.3900

Response Zone: Los Angeles County

12

Number of Ambulances in Fleet:

Average Number of Ambulances on Duty at 12:00 p.m. (noon) on Any Given Day:

Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	System Available 24 Hours: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Transport <input type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input checked="" type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT																								
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private		If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	If Public: <input type="checkbox"/> City <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> County <input type="checkbox"/> Fire District <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue																								
<p>Transporting Agencies</p> <table> <tr> <td><u>3,669</u></td> <td>Total number of responses</td> <td><u>2,663</u></td> <td>Total number of transports</td> </tr> <tr> <td><u>2</u></td> <td>Number of emergency responses</td> <td><u>2</u></td> <td>Number of emergency transports</td> </tr> <tr> <td><u>3,667</u></td> <td>Number of non-emergency responses</td> <td><u>2,661</u></td> <td>Number of non-emergency transports</td> </tr> </table> <p>Air Ambulance Services</p> <table> <tr> <td><u>N/A</u></td> <td>Total number of responses</td> <td><u>N/A</u></td> <td>Total number of transports</td> </tr> <tr> <td><u>N/A</u></td> <td>Number of emergency responses</td> <td><u>N/A</u></td> <td>Number of emergency transports</td> </tr> <tr> <td><u>N/A</u></td> <td>Number of non-emergency responses</td> <td><u>N/A</u></td> <td>Number of non-emergency transports</td> </tr> </table>					<u>3,669</u>	Total number of responses	<u>2,663</u>	Total number of transports	<u>2</u>	Number of emergency responses	<u>2</u>	Number of emergency transports	<u>3,667</u>	Number of non-emergency responses	<u>2,661</u>	Number of non-emergency transports	<u>N/A</u>	Total number of responses	<u>N/A</u>	Total number of transports	<u>N/A</u>	Number of emergency responses	<u>N/A</u>	Number of emergency transports	<u>N/A</u>	Number of non-emergency responses	<u>N/A</u>	Number of non-emergency transports
<u>3,669</u>	Total number of responses	<u>2,663</u>	Total number of transports																									
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<u>3,667</u>	Number of non-emergency responses	<u>2,661</u>	Number of non-emergency transports																									
<u>N/A</u>	Total number of responses	<u>N/A</u>	Total number of transports																									
<u>N/A</u>	Number of emergency responses	<u>N/A</u>	Number of emergency transports																									
<u>N/A</u>	Number of non-emergency responses	<u>N/A</u>	Number of non-emergency transports																									

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

Provider:	El Segundo Fire Department	Response Zone:	El Segundo
Address:	314 Main Street El Segundo, CA 90245	Number of Ambulances in Fleet:	3
Telephone number:	310.524.2269	Average Number of Ambulances on Duty at 12:00 p.m. (noon) on Any Given Day:	
			2

<u>Written Contract:</u>	<u>Medical Director:</u>	<u>System Available 24 Hours:</u>		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Transport	<input checked="" type="checkbox"/> ALS
		<input type="checkbox"/> Non-Transport	<input type="checkbox"/> BLS	<input checked="" type="checkbox"/> 9-1-1
		<input type="checkbox"/> LALS	<input type="checkbox"/> 7-Digit	<input type="checkbox"/> Ground
			<input type="checkbox"/> CCT	<input type="checkbox"/> Air
			<input type="checkbox"/> IFT	<input type="checkbox"/> Water
<u>Service:</u>				
<u>Air Classification:</u>				
<u>Ownership:</u>	<u>If Public:</u>	<u>If Public:</u>	<u>If Air:</u>	<u>Air Classification:</u>
<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<input checked="" type="checkbox"/> City <input type="checkbox"/> State <input type="checkbox"/> Federal	<input type="checkbox"/> County <input type="checkbox"/> Fire District	<input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing
<u>Transporting Agencies</u>				
<u>Air Ambulance Services</u>				
<u>Total number of responses</u>	<u>Number of emergency responses</u>	<u>Number of non-emergency responses</u>	<u>Total number of transports</u>	<u>Number of emergency transports</u>
2,606	1,982	624	1,071	652
<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>
<u>Total number of transports</u>				
<u>Number of emergency transports</u>				
<u>Number of non-emergency transports</u>				

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

Provider:	Glendale Fire Department		
Address:	421 Oak Street Glendale, CA 91204		
Telephone number:	818.548.6471		
Response Zone: Glendale		12	
Number of Ambulances in Fleet:		12	
Average Number of Ambulances on Duty at 12:00 p.m. (noon) on Any Given Day:		12	
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
		System Available 24 Hours: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
		<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport <input type="checkbox"/> LALS <input type="checkbox"/> IFT	
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	
		If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> County <input type="checkbox"/> Fire District <input type="checkbox"/> Rotary Wing <input type="checkbox"/> Fixed Wing	
		Air Classification: <input checked="" type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	
		Transporting Agencies	
		$\frac{16,295}{16,295}$ Total number of responses $\frac{0}{16,295}$ Number of emergency responses $\frac{0}{16,295}$ Number of non-emergency responses	
		$\frac{15,501}{10,502}$ Total number of transports $\frac{4,999}{10,502}$ Number of emergency transports $\frac{4,999}{10,502}$ Number of non-emergency transports	
		Air Ambulance Services	
		$\frac{N/A}{N/A}$ Total number of transports $\frac{N/A}{N/A}$ Number of emergency transports $\frac{N/A}{N/A}$ Number of non-emergency transports	

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

Provider: Guardian Ambulance Service
Address: 123 W. Bellevue Drive, Suite 4
 Pasadena, CA 91105

Telephone number: 626.385.0440

Response Zone: San Gabriel Valley
Number of Ambulances in Fleet: 3

Average Number of Ambulances on Duty at 12:00 p.m. (noon) on Any Given Day: 1

Written Contract:		Medical Director:	System Available 24 Hours:			Service:				
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Transport	<input type="checkbox"/> ALS	<input type="checkbox"/> 9-1-1	<input checked="" type="checkbox"/> Ground	
					<input type="checkbox"/> Non-Transport			<input checked="" type="checkbox"/> BLS	<input type="checkbox"/> 7-Digit	<input type="checkbox"/> Air
					<input type="checkbox"/> LALS			<input type="checkbox"/> CCT	<input type="checkbox"/> Water	<input type="checkbox"/> Water
								<input checked="" type="checkbox"/> IFT		
Ownership:		If Public:		If Private:		If Air:		Air Classification:		
<input type="checkbox"/> Public	<input checked="" type="checkbox"/> Private	<input type="checkbox"/> Fire	<input type="checkbox"/> Law	<input type="checkbox"/> City	<input type="checkbox"/> County	<input type="checkbox"/> Rotary	<input type="checkbox"/> Auxiliary Rescue			
		<input type="checkbox"/> Other	<input type="checkbox"/> Explain:	<input type="checkbox"/> State	<input type="checkbox"/> Fire District	<input type="checkbox"/> Fixed Wing	<input type="checkbox"/> Air Ambulance			
				<input type="checkbox"/> Federal			<input type="checkbox"/> ALS Rescue			
							<input type="checkbox"/> BLS Rescue			
Transporting Agencies										
<u>1,638</u>		Total number of responses		<u>1,622</u>		Total number of transports				
<u>15</u>		Number of emergency responses		<u>15</u>		Number of emergency transports				
<u>1,623</u>		Number of non-emergency responses		<u>1,607</u>		Number of non-emergency transports				
Air Ambulance Services										
<u>N/A</u>	<u>N/A</u>	Total number of responses		<u>N/A</u>	Total number of transports					
<u>N/A</u>	<u>N/A</u>	Number of emergency responses		<u>N/A</u>	Number of emergency transports					
<u>N/A</u>	<u>N/A</u>	Number of non-emergency responses		<u>N/A</u>	Number of non-emergency transports					

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

Provider: Hermosa Beach Fire Department
Address: 540 Pier Avenue
 Hermosa Beach, CA 90254

Telephone number: 310.376.2479

Response Zone: Hermosa Beach

Number of Ambulances in Fleet:

2

Average Number of Ambulances on Duty at 12:00 p.m. (noon) on Any Given Day:

2

Written Contract:		Medical Director:		System Available 24 Hours:		Service:	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Transport	<input checked="" type="checkbox"/> ALS
						<input type="checkbox"/> Non-Transport	<input checked="" type="checkbox"/> BLS
						<input type="checkbox"/> LALS	<input type="checkbox"/> 7-Digit
						<input type="checkbox"/> CCT	<input type="checkbox"/> Air
						<input type="checkbox"/> IFT	<input type="checkbox"/> Ground
						<input type="checkbox"/> IFT	<input type="checkbox"/> Water
						Air Classification:	
						<input type="checkbox"/> Auxiliary Rescue	<input type="checkbox"/> Air Ambulance
						<input type="checkbox"/> ALS Rescue	<input type="checkbox"/> BLS Rescue
Ownership:		If Public:		If Air:			
<input checked="" type="checkbox"/> Public	<input type="checkbox"/> Private	<input checked="" type="checkbox"/> Fire	<input type="checkbox"/> County	<input type="checkbox"/> Rotary	<input type="checkbox"/> Auxiliary Rescue		
		<input type="checkbox"/> Law	<input type="checkbox"/> Fire District	<input type="checkbox"/> Fixed Wing	<input type="checkbox"/> Air Ambulance		
		<input type="checkbox"/> Other			<input type="checkbox"/> ALS Rescue		
		Explain:			<input type="checkbox"/> BLS Rescue		
Transporting Agencies							
2,579		Total number of responses		900		Total number of transports	
<u>1,491</u>		Number of emergency responses		<u>555</u>		Number of emergency transports	
<u>1,088</u>		Number of non-emergency responses		<u>345</u>		Number of non-emergency transports	
Air Ambulance Services							
N/A	Total number of responses	N/A	Total number of transports	N/A	Number of emergency transports	N/A	Number of non-emergency transports
N/A	Number of emergency responses	N/A	Number of non-emergency responses	N/A	Number of emergency transports	N/A	Number of non-emergency transports

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

Provider: Long Beach Fire Department
Address: 3205 N. Lakewood Boulevard
 Long Beach, CA 90808-1733

Telephone number: 562.570.2500

Response Zone: Long Beach

Number of Ambulances in Fleet:

13

Average Number of Ambulances on Duty at 12:00 p.m. (noon) on Any Given Day:

13

Written Contract:		Medical Director:		System Available 24 Hours:		Service:	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Transport	<input checked="" type="checkbox"/> ALS
						<input type="checkbox"/> Non-Transport	<input checked="" type="checkbox"/> BLS
						<input type="checkbox"/> LALS	<input type="checkbox"/> 7-Digit
						<input type="checkbox"/> CCT	<input type="checkbox"/> Air
						<input type="checkbox"/> IFT	<input type="checkbox"/> Ground
						<input type="checkbox"/> Water	<input type="checkbox"/> CCT
						<input type="checkbox"/> IFT	<input type="checkbox"/> Water
Ownership:		If Public:		If Public:		Air Classification:	
<input checked="" type="checkbox"/> Public	<input type="checkbox"/> Private	<input checked="" type="checkbox"/> Fire	<input type="checkbox"/> Law	<input checked="" type="checkbox"/> City	<input type="checkbox"/> County	<input type="checkbox"/> Auxiliary Rescue	<input type="checkbox"/> Air Ambulance
		<input type="checkbox"/> Other	<input type="checkbox"/> Explain:	<input type="checkbox"/> State	<input type="checkbox"/> Fire District	<input type="checkbox"/> Fixed Wing	<input type="checkbox"/> ALS Rescue
				<input type="checkbox"/> Federal		<input type="checkbox"/> Rotary	<input type="checkbox"/> BLS Rescue
Transporting Agencies							
50,807		Total number of responses		25,940		Total number of transports	
<u>44,561</u>		Number of emergency responses		<u>17,278</u>		Number of emergency transports	
<u>6,246</u>		Number of non-emergency responses		<u>8,662</u>		Number of non-emergency transports	
Air Ambulance Services							
N/A	N/A	Total number of responses	N/A	Total number of transports	N/A	Number of emergency transports	N/A
N/A	N/A	Number of emergency responses	N/A	Number of non-emergency transports	N/A	Number of non-emergency transports	N/A

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

Provider: La Habra Heights Fire Department
Address: 1245 N. Hacienda Boulevard
 La Habra Heights, CA 90631
Telephone number: 562.556.0642

Response Zone: La Habra Heights

Number of Ambulances in Fleet:

0

Average Number of Ambulances on Duty at 12:00 p.m. (noon) on Any Given Day:

Written Contract:		Medical Director:		System Available 24 Hours:			Service:			
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Transport	<input checked="" type="checkbox"/> ALS	<input checked="" type="checkbox"/> 9-1-1	<input checked="" type="checkbox"/> Ground	
							<input type="checkbox"/> Non-Transport	<input type="checkbox"/> BLS	<input type="checkbox"/> 7-Digit	<input type="checkbox"/> Air
							<input type="checkbox"/> LALS	<input type="checkbox"/> CCT	<input type="checkbox"/> CCT	<input type="checkbox"/> Water
							<input type="checkbox"/> IFT	<input type="checkbox"/> IFT	<input type="checkbox"/> IFT	<input type="checkbox"/> IFT
Ownership:		If Public:		If Public:		If Air:		Air Classification:		
<input checked="" type="checkbox"/> Public	<input type="checkbox"/> Private	<input checked="" type="checkbox"/> Fire	<input type="checkbox"/> Law	<input checked="" type="checkbox"/> City	<input type="checkbox"/> County	<input type="checkbox"/> Rotary	<input type="checkbox"/> Auxiliary Rescue			
		<input type="checkbox"/> Other	<input type="checkbox"/> Explain:	<input type="checkbox"/> State	<input type="checkbox"/> Fire District	<input type="checkbox"/> Fixed Wing	<input type="checkbox"/> Air Ambulance			
				<input type="checkbox"/> Federal			<input type="checkbox"/> ALS Rescue			
							<input type="checkbox"/> BLS Rescue			
Transporting Agencies										
361		Total number of responses				0		Total number of transports		
361		Number of emergency responses				0		Number of emergency transports		
0		Number of non-emergency responses				0		Number of non-emergency transports		
N/A		Total number of responses				N/A		Total number of transports		
N/A		Number of emergency responses				N/A		Number of emergency transports		
N/A		Number of non-emergency responses				N/A		Number of non-emergency transports		

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

Provider: Liberty Ambulance	Response Zone: Los Angeles County		
Address: 9441 Washburn Road Downey, CA 90242	Number of Ambulances in Fleet: 48		
Telephone number: 562.741.6230	Average Number of Ambulances on Duty at 12:00 p.m. (noon) on Any Given Day: 27		
Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
		System Available 24 Hours: <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input checked="" type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT	
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other <input type="checkbox"/> Explain:		If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	
		If Air: <input type="checkbox"/> Rotary Wing <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Fixed Wing <input type="checkbox"/> Air Ambulance <input type="checkbox"/> <input type="checkbox"/> ALS Rescue <input type="checkbox"/> <input type="checkbox"/> BLS Rescue	
Transporting Agencies			
$\frac{44,862}{525}$ Total number of responses $\frac{525}{44,337}$ Number of emergency responses $\frac{44,337}{}$ Number of non-emergency responses		$\frac{43,525}{481}$ Total number of transports $\frac{481}{43,044}$ Number of emergency transports $\frac{43,044}{}$ Number of non-emergency transports	
Air Ambulance Services			
$\frac{N/A}{N/A}$ Total number of transports $\frac{N/A}{N/A}$ Number of emergency transports $\frac{N/A}{N/A}$ Number of non-emergency transports		$\frac{N/A}{N/A}$ Total number of transports $\frac{N/A}{N/A}$ Number of emergency transports $\frac{N/A}{N/A}$ Number of non-emergency transports	

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

Provider:	La Verne Fire Department														
Address:	2061 Third Street La Verne, CA 91750														
Telephone number:	909.596.5991														
Response Zone:	La Verne														
Number of Ambulances in Fleet:	3														
Average Number of Ambulances on Duty at 12:00 p.m. (noon) on Any Given Day:	2														
Written Contract:		Medical Director:													
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No													
		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No													
		<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport													
		<input type="checkbox"/> ALS <input type="checkbox"/> BLS <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> IFT													
		<input type="checkbox"/> 9-1-1 <input type="checkbox"/> 7-Digit <input type="checkbox"/> CCT <input type="checkbox"/> IFT													
		<input type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water													
Ownership:		If Public:													
<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		<input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:													
		<input checked="" type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Federal													
		<input type="checkbox"/> Rotary Wing <input type="checkbox"/> Fixed Wing													
		<input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue													
Air Classification:															
Transporting Agencies															
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">3,450</td> <td style="width: 25%;">Total number of responses</td> <td style="width: 25%;">1,470</td> <td style="width: 25%;">Total number of transports</td> </tr> <tr> <td>3,032</td> <td>Number of emergency responses</td> <td>1,451</td> <td>Number of emergency transports</td> </tr> <tr> <td>418</td> <td>Number of non-emergency responses</td> <td>19</td> <td>Number of non-emergency transports</td> </tr> </table>				3,450	Total number of responses	1,470	Total number of transports	3,032	Number of emergency responses	1,451	Number of emergency transports	418	Number of non-emergency responses	19	Number of non-emergency transports
3,450	Total number of responses	1,470	Total number of transports												
3,032	Number of emergency responses	1,451	Number of emergency transports												
418	Number of non-emergency responses	19	Number of non-emergency transports												
Air Ambulance Services															
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">N/A</td> <td style="width: 25%;">Total number of responses</td> <td style="width: 25%;">N/A</td> <td style="width: 25%;">Total number of transports</td> </tr> <tr> <td>N/A</td> <td>Number of emergency responses</td> <td>N/A</td> <td>Number of emergency transports</td> </tr> <tr> <td>N/A</td> <td>Number of non-emergency responses</td> <td>N/A</td> <td>Number of non-emergency transports</td> </tr> </table>				N/A	Total number of responses	N/A	Total number of transports	N/A	Number of emergency responses	N/A	Number of emergency transports	N/A	Number of non-emergency responses	N/A	Number of non-emergency transports
N/A	Total number of responses	N/A	Total number of transports												
N/A	Number of emergency responses	N/A	Number of emergency transports												
N/A	Number of non-emergency responses	N/A	Number of non-emergency transports												

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

Provider:	Mauran Ambulance	Response Zone:	13
Address:	1211 First Street San Fernando, CA 91340	Number of Ambulances in Fleet:	10
Telephone number:	818.365.3182	Average Number of Ambulances on Duty at 12:00 p.m. (noon) on Any Given Day:	

<u>Written Contract:</u>	<u>Medical Director:</u>			<u>System Available 24 Hours:</u>			<u>Service:</u>		
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Transport	<input type="checkbox"/> ALS	<input type="checkbox"/> 9-1-1	<input checked="" type="checkbox"/> Ground		
				<input type="checkbox"/> Non-Transport	<input checked="" type="checkbox"/> BLS	<input type="checkbox"/> 7-Digit	<input type="checkbox"/> Air		
					<input type="checkbox"/> LALS	<input type="checkbox"/> CCT	<input type="checkbox"/> Water		
						<input checked="" type="checkbox"/> IFT			
<u>Ownership:</u>	<u>If Public:</u>			<u>If Public:</u>			<u>Air Classification:</u>		
<input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<input type="checkbox"/> City <input type="checkbox"/> State <input type="checkbox"/> Federal	<input type="checkbox"/> County <input type="checkbox"/> Fire District	<input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue		
<u>Transporting Agencies</u>									
<u>Air Ambulance Services</u>									
14,860	Total number of responses			14,976			Total number of transports		
	Number of emergency responses								
14,860	Number of non-emergency responses			0			Number of emergency transports		
N/A	Total number of responses			N/A			Total number of transports		
	Number of emergency responses			N/A			Number of non-emergency transports		
N/A	Number of non-emergency responses			N/A			Number of non-emergency transports		

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

Provider: Manhattan Beach Fire Department
Address: 400 15th Street
 Manhattan Beach, CA 90266

Telephone number: 310.802.5203

Response Zone: Manhattan Beach
Number of Ambulances in Fleet: 4
Average Number of Ambulances on Duty at 12:00 p.m. (noon) on Any Given Day: 2

Written Contract:		Medical Director:	System Available 24 Hours:			Service:				
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Transport	<input checked="" type="checkbox"/> ALS	<input checked="" type="checkbox"/> 9-1-1	<input checked="" type="checkbox"/> Ground	
					<input type="checkbox"/> Non-Transport			<input checked="" type="checkbox"/> BLS	<input type="checkbox"/> 7-Digit	<input type="checkbox"/> Air
					<input type="checkbox"/> LALS			<input type="checkbox"/> CCT	<input type="checkbox"/> Water	<input type="checkbox"/> IFT
Ownership:		If Public:			If Air:			Air Classification:		
<input checked="" type="checkbox"/> Public	<input type="checkbox"/> Private	<input checked="" type="checkbox"/> Fire	<input type="checkbox"/> County	<input type="checkbox"/> Rotary	<input type="checkbox"/> Auxiliary Rescue					
		<input type="checkbox"/> Law	<input type="checkbox"/> Fire District	<input type="checkbox"/> Fixed Wing	<input type="checkbox"/> Air Ambulance					
		<input type="checkbox"/> Other	<input type="checkbox"/> Federal		<input type="checkbox"/> ALS Rescue					
		Explain:			<input type="checkbox"/> BLS Rescue					
Transporting Agencies										
<u>3,500</u>		Total number of responses			<u>2,000</u>			Total number of transports		
<u>3,200</u>		Number of emergency responses			<u>800</u>			Number of emergency transports		
<u>300</u>		Number of non-emergency responses			<u>1,200</u>			Number of non-emergency transports		
Air Ambulance Services										
<u>N/A</u>	Total number of responses			<u>N/A</u>			Total number of transports			
<u>N/A</u>	Number of emergency responses			<u>N/A</u>			Number of emergency transports			
<u>N/A</u>	Number of non-emergency responses			<u>N/A</u>			Number of non-emergency transports			

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

Provider:	MedCoast Ambulance Service		
Address:	14325 Iseki Road Santa Fe Springs, CA 90670		
Telephone number:	562.926.9990		
Response Zone: Number of Ambulances in Fleet: 30 Average Number of Ambulances on Duty at 12:00 p.m. (noon) on Any Given Day: 21			
Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
		System Available 24 Hours: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
		<input checked="" type="checkbox"/> Transport <input type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> LALS <input checked="" type="checkbox"/> CCT <input type="checkbox"/> Air <input type="checkbox"/> <input checked="" type="checkbox"/> IFT <input type="checkbox"/> Water	
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private <input type="checkbox"/> Explain:		If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	
		If Air: <input type="checkbox"/> Rotary Wing <input type="checkbox"/> Fixed Wing	
Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue			
Transporting Agencies			
$\frac{17,414}{19}$ Total number of responses $\frac{19}{17,395}$ Number of emergency responses $\frac{17,395}{17,296}$ Number of non-emergency responses			
Air Ambulance Services			
N/A	Total number of transports		
N/A	Number of emergency transports		
N/A	Number of non-emergency transports		
$\frac{N/A}{N/A}$ Total number of transports $\frac{N/A}{N/A}$ Number of emergency transports $\frac{N/A}{N/A}$ Number of non-emergency transports			

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

Provider: MedReach Ambulance
Address: 1303 Kona Drive
 Rancho Dominguez, CA 90220
Telephone number: 310.868.5103

Response Zone: 28

Number of Ambulances in Fleet:

Average Number of Ambulances on Duty at 12:00 p.m. (noon) on Any Given Day: 16

Written Contract:		Medical Director:			System Available 24 Hours:			Service:			
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Transport	<input type="checkbox"/> ALS	<input type="checkbox"/> 9-1-1	<input checked="" type="checkbox"/> Ground		
								<input type="checkbox"/> Non-Transport	<input checked="" type="checkbox"/> BLS	<input checked="" type="checkbox"/> 7-Digit	<input type="checkbox"/> Air
								<input type="checkbox"/> LALS	<input type="checkbox"/> CCT	<input type="checkbox"/> IFT	<input type="checkbox"/> Water
											<input type="checkbox"/> IFT
Ownership:		If Public:			If Public:			Air Classification:			
<input type="checkbox"/> Public	<input checked="" type="checkbox"/> Private	<input type="checkbox"/> Fire	<input type="checkbox"/> County	<input type="checkbox"/> County	<input type="checkbox"/> Rotary	<input type="checkbox"/> Auxiliary Rescue					
		<input type="checkbox"/> Law	<input type="checkbox"/> Fire District	<input type="checkbox"/> Fire District	<input type="checkbox"/> Fixed Wing	<input type="checkbox"/> Air Ambulance					
		<input type="checkbox"/> Other	<input type="checkbox"/> Federal	<input type="checkbox"/> Federal				<input type="checkbox"/> ALS Rescue			
		Explain:						<input type="checkbox"/> BLS Rescue			
Transporting Agencies											
<u>27,779</u>		Total number of responses			<u>26,160</u>			Total number of transports			
<u>508</u>		Number of emergency responses			<u>340</u>			Number of emergency transports			
<u>27,271</u>		Number of non-emergency responses			<u>25,820</u>			Number of non-emergency transports			
Air Ambulance Services											
<u>N/A</u>	Total number of responses			<u>N/A</u>			Total number of transports				
<u>N/A</u>	Number of emergency responses			<u>N/A</u>			Number of emergency transports				
<u>N/A</u>	Number of non-emergency responses			<u>N/A</u>			Number of non-emergency transports				

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

Provider:	MedResponse Inc.	Response Zone:	21
Address:	7040 Hayvenhurst Avenue, Suite 200 Van Nuys, CA 91406	Number of Ambulances in Fleet:	15
Telephone number:	818.442.9222	Average Number of Ambulances on Duty at 12:00 p.m. (noon) on Any Given Day:	
Written Contract:	Medical Director:	System Available 24 Hours:	Service:
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input checked="" type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
Ownership:	If Public:	If Public:	Air Classification:
<input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<input type="checkbox"/> City <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> County <input type="checkbox"/> Fire District <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
Transporting Agencies	Air Ambulance Services	Total number of transports	Total number of transports
<u>25,678</u>	<u>24,754</u>	Total number of transports	Total number of transports
<u>0</u>	<u>22</u>	Number of emergency transports	Number of emergency transports
<u>25,678</u>	<u>24,732</u>	Number of non-emergency transports	Number of non-emergency transports
<u>N/A</u>	<u>N/A</u>	Total number of transports	Total number of transports
<u>N/A</u>	<u>N/A</u>	Number of emergency transports	Number of emergency transports
<u>N/A</u>	<u>N/A</u>	Number of non-emergency transports	Number of non-emergency transports

Written Contract:	Medical Director:	System Available 24 Hours:	Service:
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input checked="" type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
Ownership:	If Public:	If Public:	Air Classification:
<input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<input type="checkbox"/> City <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> County <input type="checkbox"/> Fire District <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
Transporting Agencies	Air Ambulance Services	Total number of transports	Total number of transports
<u>25,678</u>	<u>24,754</u>	Total number of transports	Total number of transports
<u>0</u>	<u>22</u>	Number of emergency transports	Number of emergency transports
<u>25,678</u>	<u>24,732</u>	Number of non-emergency transports	Number of non-emergency transports
<u>N/A</u>	<u>N/A</u>	Total number of transports	Total number of transports
<u>N/A</u>	<u>N/A</u>	Number of emergency transports	Number of emergency transports
<u>N/A</u>	<u>N/A</u>	Number of non-emergency transports	Number of non-emergency transports

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

Provider: Montebello Fire Department
Address: 600 N. Montebello Boulevard
 Montebello, CA 90640
Telephone number: 323.887.4517
Response Zone: Montebello
Number of Ambulances in Fleet: 0
Average Number of Ambulances on Duty at 12:00 p.m. (noon) on Any Given Day: 0

Written Contract:		Medical Director:		System Available 24 Hours:			Service:																																						
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport <input type="checkbox"/> LALS <input type="checkbox"/> IFT <input type="checkbox"/> ALS <input checked="" type="checkbox"/> BLS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> 9-1-1 <input type="checkbox"/> 7-Digit <input type="checkbox"/> CCT <input type="checkbox"/> IFT																																						
Ownership:		If Public:		If Public:			Air Classification:																																						
<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		<input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:		<input checked="" type="checkbox"/> City <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> County <input type="checkbox"/> Fire District			<input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing																																						
Transporting Agencies																																													
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">5,201</td> <td>Total number of responses</td> <td colspan="2"></td> <td colspan="2"></td> <td colspan="2"></td> <td colspan="2"></td> </tr> <tr> <td>4,932</td> <td>Number of emergency responses</td> <td colspan="2"></td> <td colspan="2"></td> <td colspan="2"></td> <td colspan="2"></td> </tr> <tr> <td>269</td> <td>Number of non-emergency responses</td> <td colspan="2"></td> <td colspan="2"></td> <td colspan="2"></td> <td colspan="2"></td> </tr> </table>										5,201	Total number of responses									4,932	Number of emergency responses									269	Number of non-emergency responses														
5,201	Total number of responses																																												
4,932	Number of emergency responses																																												
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Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

Provider: Monterey Park Fire Department
Address: 350 W. Newmark Avenue
 Monterey Park, CA 91754
Telephone number: 626.307.1423

Response Zone: Monterey Park
Number of Ambulances in Fleet: 2
Average Number of Ambulances on Duty at 12:00 p.m. (noon) on Any Given Day: 2

Written Contract:		Medical Director:		System Available 24 Hours:				Service:															
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport <input type="checkbox"/> ALS <input type="checkbox"/> BLS <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> IFT <input type="checkbox"/> 9-1-1 <input type="checkbox"/> 7-Digit <input type="checkbox"/> CCT <input type="checkbox"/> IFT <input type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water															
Ownership:		If Public:		If Public:				If Air:															
<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		<input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:		<input checked="" type="checkbox"/> City <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> County <input type="checkbox"/> Fire District				<input type="checkbox"/> Rotary Wing <input type="checkbox"/> Fixed Wing <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance															
Transporting Agencies																							
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Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

Provider: Pasadena Fire Department
Address: 215 N. Marengo Avenue, Suite 195
 Pasadena, CA

Telephone number: 626.744.4636

Response Zone: Pasadena
Number of Ambulances in Fleet: 13

Average Number of Ambulances on Duty at 12:00 p.m. (noon) on Any Given Day: 5

Written Contract:		Medical Director:	System Available 24 Hours:	Service:
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground	<input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> CCT <input type="checkbox"/> Water
			<input type="checkbox"/> LALS <input type="checkbox"/> IFT	
Ownership:		If Public:	If Air:	Air Classification:
<input checked="" type="checkbox"/> Public	<input checked="" type="checkbox"/> Fire	<input checked="" type="checkbox"/> County <input type="checkbox"/> Rotary	<input type="checkbox"/> Auxiliary Rescue	
<input type="checkbox"/> Private	<input type="checkbox"/> Law	<input type="checkbox"/> State <input type="checkbox"/> Fixed Wing	<input type="checkbox"/> Air Ambulance	
	<input type="checkbox"/> Other	<input type="checkbox"/> Federal	<input type="checkbox"/> ALS Rescue	
	Explain:			<input type="checkbox"/> BLS Rescue
Transporting Agencies				
19,488 Total number of responses		12,544 Total number of transports		
18,688 Number of emergency responses		12,521 Number of emergency transports		
800 Number of non-emergency responses		23 Number of non-emergency transports		
Air Ambulance Services				
N/A	Total number of responses	N/A	Total number of transports	
N/A	Number of emergency responses	N/A	Number of emergency transports	
N/A	Number of non-emergency responses	N/A	Number of non-emergency transports	

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

Provider: PRN Ambulance	Response Zone: 95														
Address: 8928 Sepulveda Boulevard North Hills, CA 91343	Number of Ambulances in Fleet: 46														
Telephone number: 866.776.4262	Average Number of Ambulances on Duty at 12:00 p.m. (noon) on Any Given Day:														
Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No													
		System Available 24 Hours: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No													
		<input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input checked="" type="checkbox"/> CCT <input type="checkbox"/> IFT <input type="checkbox"/> Water													
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private		If Public: <input type="checkbox"/> Fire <input type="checkbox"/> County <input type="checkbox"/> Law <input type="checkbox"/> Fire District <input type="checkbox"/> Other <input type="checkbox"/> Federal Explain:													
		If Air: <input type="checkbox"/> Rotary Wing <input type="checkbox"/> Fixed Wing													
		Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue													
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<u>N/A</u>	Number of non-emergency responses	<u>N/A</u>	Number of non-emergency transports												

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

Provider: Redondo Beach Fire Department
Address: 401 S. Broadway
Redondo Beach, VA 90277

Response Zone: Redondo Beach
Number of Ambulances in Fleet:

Telephone number: 310.318.0663

Average Number of Ambulances on Duty at 12:00 p.m. (noon) on Any Given Day:

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			<u>Service:</u> <input type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT														
<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private			<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input checked="" type="checkbox"/> City <input type="checkbox"/> State <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> County <input type="checkbox"/> Fire District <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue													
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<table border="0"> <tr> <td><u>Air Ambulance Services</u></td> <td><u>Total number of transports</u></td> </tr> <tr> <td>N/A</td> <td>0</td> </tr> <tr> <td>N/A</td> <td>0</td> </tr> <tr> <td>N/A</td> <td>0</td> </tr> </table>								<u>Air Ambulance Services</u>	<u>Total number of transports</u>	N/A	0	N/A	0	N/A	0				
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N/A	N/A																		
<u>Number of non-emergency transports</u>	<u>Number of non-emergency transports</u>																		
N/A	N/A																		

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

Provider: Rescue One Ambulance
Address: 15540 Texaco Avenue
 Paramount, CA 90723

Telephone number: 877.421.1801

Response Zone:

Number of Ambulances in Fleet: 9

Average Number of Ambulances on Duty at 12:00 p.m. (noon) on Any Given Day: 7

Written Contract:		Medical Director:			System Available 24 Hours:			Service:															
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport			<input type="checkbox"/> ALS <input checked="" type="checkbox"/> BLS <input type="checkbox"/> LALS <input checked="" type="checkbox"/> CCT <input checked="" type="checkbox"/> IFT															
								<input type="checkbox"/> 9-1-1 <input type="checkbox"/> 7-Digit <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input checked="" type="checkbox"/> Water															
Ownership:		If Public:			If Public:			Air Classification:															
<input type="checkbox"/> Public <input checked="" type="checkbox"/> Private		<input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other <input type="checkbox"/> Explain:			<input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Federal			<input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue															
								<input type="checkbox"/> Rotary Wing <input type="checkbox"/> Fixed Wing															
Transporting Agencies																							
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Air Ambulance Services																							
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N/A	Number of non-emergency responses	N/A	Number of non-emergency transports																				

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

Provider: Rescue Services International
Address: 12806 Schabarum Avenue, Suite A
 Irwindale, CA 91706
Telephone number: 626.385.0440

Response Zone: San Gabriel Valley
Number of Ambulances in Fleet: 22

Average Number of Ambulances on Duty at 12:00 p.m. (noon) on Any Given Day: 10

Written Contract:		Medical Director:	System Available 24 Hours:	Service:			
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Transport	<input type="checkbox"/> ALS	<input type="checkbox"/> 9-1-1	<input checked="" type="checkbox"/> Ground
				<input type="checkbox"/> Non-Transport	<input checked="" type="checkbox"/> BLS	<input type="checkbox"/> 7-Digit	<input type="checkbox"/> Air
				<input type="checkbox"/> LALS	<input checked="" type="checkbox"/> CCT	<input type="checkbox"/> Water	<input checked="" type="checkbox"/> IFT
Ownership:		If Public:	If Air:	Air Classification:			
<input type="checkbox"/> Public	<input checked="" type="checkbox"/> Private	<input type="checkbox"/> Fire	<input type="checkbox"/> County	<input type="checkbox"/> Auxiliary Rescue			
		<input type="checkbox"/> Law	<input type="checkbox"/> Fire District	<input type="checkbox"/> Air Ambulance			
		<input type="checkbox"/> Other	<input type="checkbox"/> Federal	<input type="checkbox"/> ALS Rescue			
		Explain:		<input type="checkbox"/> BL_S Rescue			
Transporting Agencies							
<u>13,814</u>		Total number of responses	<u>13,139</u>	Total number of transports			
<u>41</u>		Number of emergency responses	<u>32</u>	Number of emergency transports			
<u>13,773</u>		Number of non-emergency responses	<u>13,107</u>	Number of non-emergency transports			
Air Ambulance Services							
<u>N/A</u>	<u>N/A</u>	Total number of transports	<u>N/A</u>	Total number of transports			
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Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

Provider: Royalty Ambulance	Response Zone: 16																																										
Address: 3235 N. San Fernando Road, Suite 6 Los Angeles, CA 90065	Number of Ambulances in Fleet:																																										
Telephone number: 818.550.5833	Average Number of Ambulances on Duty at 12:00 p.m. (noon) on Any Given Day: 10																																										
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<u>13,523</u>	Total number of responses	<u>12,376</u>	Total number of transports																																								
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<u>13,523</u>	Number of non-emergency responses	<u>12,376</u>	Number of non-emergency transports																																								
<u>N/A</u>	Total number of responses	<u>N/A</u>	Total number of transports																																								
<u>N/A</u>	Number of emergency responses	<u>N/A</u>	Number of emergency transports																																								
<u>N/A</u>	Number of non-emergency responses	<u>N/A</u>	Number of non-emergency transports																																								

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

Provider:	San Marino Fire Department		
Address:	2200 Huntington Drive San Marino, Ca 91108		
Telephone number:	626.300.0735		
Response Zone:	San Marino		
Number of Ambulances in Fleet:	2		
Average Number of Ambulances on Duty at 12:00 p.m. (noon) on Any Given Day:	1		
Written Contract:		Medical Director:	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
		<input checked="" type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LAS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT	
Ownership:		If Public:	
<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		<input checked="" type="checkbox"/> Fire <input type="checkbox"/> County <input type="checkbox"/> Law <input type="checkbox"/> Fire District <input type="checkbox"/> Other <input type="checkbox"/> Federal Explain:	
		<input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Fixed Wing <input type="checkbox"/> Air Ambulance <input type="checkbox"/> Other <input type="checkbox"/> ALS Rescue <input type="checkbox"/> Explain: <input type="checkbox"/> BLS Rescue	
Transporting Agencies:			
$\frac{1,382}{1,382}$ Total number of responses $\frac{1,382}{0}$ Number of emergency responses $\frac{0}{0}$ Number of non-emergency responses			
$\frac{975}{975}$ Total number of transports $\frac{975}{0}$ Number of emergency transports $\frac{0}{0}$ Number of non-emergency transports			
Air Ambulance Services			
N/A	Total number of transports		
N/A	Number of emergency transports		
N/A	Number of non-emergency transports		

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

Provider:	Schaefer Ambulance, Inc.														
Address:	4627 Beverly Boulevard Los Angeles, CA 90004														
Telephone number:	900.582.2258														
Response Zone:	EOA 3														
Number of Ambulances in Fleet:	40														
Average Number of Ambulances on Duty at 12:00 p.m. (noon) on Any Given Day:	35														
Written Contract:		Medical Director:													
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No													
		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No													
		<input checked="" type="checkbox"/> Transport <input type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input checked="" type="checkbox"/> CCT <input type="checkbox"/> Water													
		<input checked="" type="checkbox"/> IFT													
Ownership:		If Public:													
<input type="checkbox"/> Public <input checked="" type="checkbox"/> Private		<input type="checkbox"/> Fire <input type="checkbox"/> County <input type="checkbox"/> Law <input type="checkbox"/> Fire District <input type="checkbox"/> Other <input type="checkbox"/> Federal <input type="checkbox"/> Explain:													
		<input type="checkbox"/> Rotary <input checked="" type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Fixed Wing <input type="checkbox"/> Air Ambulance <input type="checkbox"/> Other <input type="checkbox"/> ALS Rescue <input type="checkbox"/> Explain: <input type="checkbox"/> BLS Rescue													
Transporting Agencies															
<table> <tr> <td>51,980</td> <td>Total number of responses</td> <td>38,618</td> <td>Total number of transports</td> </tr> <tr> <td>40,786</td> <td>Number of emergency responses</td> <td>27,737</td> <td>Number of emergency transports</td> </tr> <tr> <td>11,194</td> <td>Number of non-emergency responses</td> <td>9,881</td> <td>Number of non-emergency transports</td> </tr> </table>				51,980	Total number of responses	38,618	Total number of transports	40,786	Number of emergency responses	27,737	Number of emergency transports	11,194	Number of non-emergency responses	9,881	Number of non-emergency transports
51,980	Total number of responses	38,618	Total number of transports												
40,786	Number of emergency responses	27,737	Number of emergency transports												
11,194	Number of non-emergency responses	9,881	Number of non-emergency transports												
Air Ambulance Services															
N/A	Total number of responses	N/A	Total number of transports												
N/A	Number of emergency responses	N/A	Number of emergency transports												
N/A	Number of non-emergency responses	N/A	Number of non-emergency transports												

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

Provider:	San Gabriel Fire Department		
Address:	1303 S. Del Mar Avenue San Gabriel, CA 91776		
Telephone number:	626.308.2880		
Response Zone: San Gabriel			
Number of Ambulances in Fleet: 1			
Average Number of Ambulances on Duty at 12:00 p.m. (noon) on Any Given Day: 1			
Written Contract:		Medical Director:	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
		<input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT	
Ownership:		If Public:	
<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		<input checked="" type="checkbox"/> Fire <input type="checkbox"/> County <input type="checkbox"/> Law <input type="checkbox"/> Fire District <input type="checkbox"/> Other <input type="checkbox"/> Federal Explain:	
		<input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	
		<input type="checkbox"/> Rotary Wing <input type="checkbox"/> Fixed Wing	
		If Air:	
		<input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	
Transporting Agencies			
$\frac{2,165}{2,165}$ Total number of responses $\frac{0}{2,165}$ Number of emergency responses $\frac{0}{2,165}$ Number of non-emergency responses		$\frac{1,549}{1,549}$ Total number of transports $\frac{0}{1,549}$ Number of emergency transports $\frac{0}{1,549}$ Number of non-emergency transports	
Air Ambulance Services			
$\frac{N/A}{N/A}$ Total number of responses $\frac{N/A}{N/A}$ Number of emergency responses $\frac{N/A}{N/A}$ Number of non-emergency responses		$\frac{N/A}{N/A}$ Total number of transports $\frac{N/A}{N/A}$ Number of emergency transports $\frac{N/A}{N/A}$ Number of non-emergency transports	

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

Provider: Sierra Madre Fire Department
Address: 242 W. Sierra Madre Boulevard
Sierra Madre, CA 91024
Telephone number: 626.836.0246

Response Zone: Sierra Madre

Number of Ambulances in Fleet:

2

Average Number of Ambulances on Duty at 12:00 p.m. (noon) on Any Given Day:

1

Written Contract:		Medical Director:	System Available 24 Hours:			Service:		
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Transport	<input checked="" type="checkbox"/> ALS	<input checked="" type="checkbox"/> 9-1-1
						<input type="checkbox"/> Non-Transport	<input type="checkbox"/> BLS	<input type="checkbox"/> 7-Digit
						<input type="checkbox"/> LALS	<input type="checkbox"/> CCT	<input type="checkbox"/> Air
						<input type="checkbox"/> IFT	<input type="checkbox"/> Water	<input type="checkbox"/> Ground
Ownership:		If Public:		If Public:		Air Classification:		
<input checked="" type="checkbox"/> Public	<input type="checkbox"/> Private	<input checked="" type="checkbox"/> Fire	<input type="checkbox"/> Law	<input checked="" type="checkbox"/> County	<input type="checkbox"/> Federal	<input type="checkbox"/> Rotary	<input type="checkbox"/> Auxiliary Rescue	<input type="checkbox"/> Air Ambulance
		<input type="checkbox"/> Other	<input type="checkbox"/> Explain:	<input type="checkbox"/> State	<input type="checkbox"/> Fire District	<input type="checkbox"/> Fixed Wing	<input type="checkbox"/> ALS Rescue	<input type="checkbox"/> BLS Rescue
Transporting Agencies								
1,093		Total number of responses		573		Total number of transports		
988		Number of emergency responses		573		Number of emergency transports		
105		Number of non-emergency responses		0		Number of non-emergency transports		
Air Ambulance Services								
N/A	Total number of responses	N/A	Total number of transports	N/A	Number of emergency responses	N/A	Number of emergency transports	N/A
N/A	Number of emergency responses	N/A	Number of non-emergency responses	N/A	Number of non-emergency responses	N/A	Number of non-emergency transports	N/A

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

Provider: Santa Monica Fire Department
Address: 333 Olympic Drive
Santa Monica, CA 90401

Response Zone: Santa Monica
Number of Ambulances in Fleet:

Telephone number: 310.458.5313

Average Number of Ambulances on Duty at 12:00 p.m. (noon) on Any Given Day:

<u>Written Contract:</u>	<u>Medical Director:</u>	<u>System Available 24 Hours:</u>			<u>Service:</u>		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Transport	<input checked="" type="checkbox"/> ALS	<input checked="" type="checkbox"/> 9-1-1	<input checked="" type="checkbox"/> Ground	
			<input checked="" type="checkbox"/> Non-Transport	<input checked="" type="checkbox"/> BLS	<input type="checkbox"/> 7-Digit	<input type="checkbox"/> Air	
				<input type="checkbox"/> LALS	<input type="checkbox"/> CCT	<input type="checkbox"/> Water	
				<input type="checkbox"/> IFT			
<u>Ownership:</u>	<u>If Public:</u>	<u>If Public:</u>			<u>If Air:</u>	<u>Air Classification:</u>	
<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<input checked="" type="checkbox"/> City	<input type="checkbox"/> County	<input type="checkbox"/> Rotary	<input type="checkbox"/> Auxiliary Rescue		
		<input type="checkbox"/> State	<input type="checkbox"/> Fire District	<input type="checkbox"/> Fixed Wing	<input type="checkbox"/> Air Ambulance		
		<input type="checkbox"/> Federal			<input type="checkbox"/> ALS Rescue		
					<input type="checkbox"/> BLS Rescue		
<u>Transporting Agencies</u>							
10,386	Total number of responses				0	Total number of transports	
10,386	Number of emergency responses				0	Number of emergency transports	
0	Number of non-emergency responses				0	Number of non-emergency transports	
<u>Air Ambulance Services</u>							
N/A	Total number of responses				N/A	Total number of transports	
N/A	Number of emergency responses				N/A	Number of emergency transports	
N/A	Number of non-emergency responses				N/A	Number of non-emergency transports	

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

Provider: South Pasadena Fire Department
Address: 817 Mound Avenue
 South Pasadena, CA 91030
Telephone number: 626.403.7300

Response Zone: South Pasadena
Number of Ambulances in Fleet: 1
Average Number of Ambulances on Duty at 12:00 p.m. (noon) on Any Given Day: 1

Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	System Available 24 Hours: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT																						
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> County <input type="checkbox"/> Law <input type="checkbox"/> Fire District <input type="checkbox"/> Other <input type="checkbox"/> Federal Explain: _____	If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue																						
<table border="1"> <thead> <tr> <th colspan="2">Transporting Agencies</th> </tr> </thead> <tbody> <tr> <td>Total number of responses</td> <td>856</td> <td>Total number of transports</td> </tr> <tr> <td>Number of emergency responses</td> <td>638</td> <td>Number of emergency transports</td> </tr> <tr> <td>Number of non-emergency responses</td> <td>218</td> <td>Number of non-emergency transports</td> </tr> </tbody> </table> <table border="1"> <thead> <tr> <th colspan="2">Air Ambulance Services</th> </tr> </thead> <tbody> <tr> <td>Total number of responses</td> <td>N/A</td> <td>Total number of transports</td> </tr> <tr> <td>Number of emergency responses</td> <td>N/A</td> <td>Number of emergency transports</td> </tr> <tr> <td>Number of non-emergency responses</td> <td>N/A</td> <td>Number of non-emergency transports</td> </tr> </tbody> </table>					Transporting Agencies		Total number of responses	856	Total number of transports	Number of emergency responses	638	Number of emergency transports	Number of non-emergency responses	218	Number of non-emergency transports	Air Ambulance Services		Total number of responses	N/A	Total number of transports	Number of emergency responses	N/A	Number of emergency transports	Number of non-emergency responses	N/A	Number of non-emergency transports
Transporting Agencies																										
Total number of responses	856	Total number of transports																								
Number of emergency responses	638	Number of emergency transports																								
Number of non-emergency responses	218	Number of non-emergency transports																								
Air Ambulance Services																										
Total number of responses	N/A	Total number of transports																								
Number of emergency responses	N/A	Number of emergency transports																								
Number of non-emergency responses	N/A	Number of non-emergency transports																								

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

Provider:	Santa Fe Springs Fire Department			Response Zone:	Santa Fe Springs														
Address:	11300 Greenstone Avenue Santa Fe Springs, CA 90670			Number of Ambulances in Fleet:	0														
Telephone number:	562.944.9713			Average Number of Ambulances on Duty at 12:00 p.m. (noon) on Any Given Day:	0														
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		System Available 24 Hours: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Service:													
				<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport <input type="checkbox"/> LALS		<input checked="" type="checkbox"/> ALS <input type="checkbox"/> BLS <input type="checkbox"/> CCT <input type="checkbox"/> IFT <input checked="" type="checkbox"/> 9-1-1 <input type="checkbox"/> 7-Digit <input type="checkbox"/> CCT <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water													
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:		If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> County <input type="checkbox"/> Fire District		Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue													
Transporting Agencies																			
<table> <tr> <td><u>2,339</u></td> <td>Total number of responses</td> <td><u>0</u></td> <td>Total number of transports</td> </tr> <tr> <td><u>2,339</u></td> <td>Number of emergency responses</td> <td><u>0</u></td> <td>Number of emergency transports</td> </tr> <tr> <td><u>0</u></td> <td>Number of non-emergency responses</td> <td><u>0</u></td> <td>Number of non-emergency transports</td> </tr> </table>								<u>2,339</u>	Total number of responses	<u>0</u>	Total number of transports	<u>2,339</u>	Number of emergency responses	<u>0</u>	Number of emergency transports	<u>0</u>	Number of non-emergency responses	<u>0</u>	Number of non-emergency transports
<u>2,339</u>	Total number of responses	<u>0</u>	Total number of transports																
<u>2,339</u>	Number of emergency responses	<u>0</u>	Number of emergency transports																
<u>0</u>	Number of non-emergency responses	<u>0</u>	Number of non-emergency transports																
Air Ambulance Services																			
<u>N/A</u>	Total number of responses	<u>N/A</u>	Total number of transports																
<u>N/A</u>	Number of emergency responses	<u>N/A</u>	Number of emergency transports																
<u>N/A</u>	Number of non-emergency responses	<u>N/A</u>	Number of non-emergency transports																

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

Provider:	Symons Ambulance		
Address:	18592 Cajon Boulevard San Bernardino, CA 92407		
Telephone number:	909.880.2979		
Response Zone: Events only			
Number of Ambulances in Fleet: 6			
Average Number of Ambulances on Duty at 12:00 p.m. (noon) on Any Given Day: 6			
Written Contract:		Medical Director:	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
		<input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input checked="" type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT	
Ownership:		If Public:	
<input type="checkbox"/> Public <input checked="" type="checkbox"/> Private		<input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	
		<input type="checkbox"/> City <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> County <input type="checkbox"/> Fire District <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	
System Available 24 Hours:			
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Service:			
<input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input checked="" type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT			
Air Classification:			
<input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue			
If Air:			
Transporting Agencies			
$\frac{6}{5}$ Total number of transports $\frac{5}{1}$ Number of emergency transports $\frac{1}{1}$ Number of non-emergency transports			
Air Ambulance Services			
$\frac{6}{5}$ Total number of transports $\frac{5}{1}$ Number of emergency transports $\frac{1}{1}$ Number of non-emergency transports			
N/A	Total number of responses	N/A	Total number of transports
N/A	Number of emergency responses	N/A	Number of emergency transports
N/A	Number of non-emergency responses	N/A	Number of non-emergency transports

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

Provider: Torrance Fire Department
Address: 1701 Crenshaw Boulevard
 Torrance, CA 90501
Telephone number: 310.781.7018

Response Zone: Torrance
Number of Ambulances in Fleet: 8

Average Number of Ambulances on Duty at 12:00 p.m. (noon) on Any Given Day: 5

Written Contract:		Medical Director:	System Available 24 Hours:			Service:			
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Transport	<input type="checkbox"/> ALS	<input checked="" type="checkbox"/> 9-1-1	<input checked="" type="checkbox"/> Ground		
		<input checked="" type="checkbox"/> Non-Transport			<input type="checkbox"/> BLS	<input type="checkbox"/> 7-Digit	<input type="checkbox"/> Air		
		<input type="checkbox"/> LALS			<input type="checkbox"/> CCT	<input type="checkbox"/> Water	<input type="checkbox"/> Water		
					<input type="checkbox"/> IFT				
Ownership:		If Public:		If Air:		Air Classification:			
<input checked="" type="checkbox"/> Public	<input checked="" type="checkbox"/> Private	<input checked="" type="checkbox"/> Fire	<input type="checkbox"/> County	<input type="checkbox"/> Rotary	<input type="checkbox"/> Auxiliary Rescue				
		<input type="checkbox"/> Law	<input type="checkbox"/> State	<input type="checkbox"/> Fixed Wing	<input type="checkbox"/> Air Ambulance				
		<input type="checkbox"/> Other	<input type="checkbox"/> Federal	<input type="checkbox"/> Explain:	<input type="checkbox"/> ALS Rescue				
						<input type="checkbox"/> BLS Rescue			
Transporting Agencies									
<hr/>									
14,863 Total number of responses									
<hr/>									
14,863 Number of emergency responses									
<hr/>									
0 Number of non-emergency responses									
<hr/>									
Air Ambulance Services									
<hr/>									
N/A	0 Total number of transports								
N/A	<hr/> 0 Number of emergency transports								
N/A	<hr/> 0 Number of non-emergency transports								

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

Provider:	Vernon Fire Department																		
Address:	4305 Santa Fe Avenue Vernon, CA 90058																		
Telephone number:	323.583.881 x530																		
Response Zone:	Vernon																		
Number of Ambulances in Fleet:	2																		
Average Number of Ambulances on Duty at 12:00 p.m. (noon) on Any Given Day:	1																		
Written Contract:		Medical Director:																	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																	
		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																	
		<input checked="" type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT																	
Ownership:		If Public:																	
<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		<input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Rotary <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Fixed Wing <input type="checkbox"/> Federal <input type="checkbox"/> Other																	
		<input type="checkbox"/> Explain:																	
		Air Classification:																	
		<input checked="" type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> ALS Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> BLS Rescue																	
Transporting Agencies																			
<table border="1"> <tr> <td>Total</td> <td>Emergency</td> <td>Non-Emergency</td> </tr> <tr> <td>727</td> <td>727</td> <td>0</td> </tr> <tr> <td colspan="3">Responses</td> </tr> <tr> <td colspan="3">Transports</td> </tr> <tr> <td colspan="3"> Total number of transports Number of emergency transports Number of non-emergency transports </td> </tr> </table>				Total	Emergency	Non-Emergency	727	727	0	Responses			Transports			Total number of transports Number of emergency transports Number of non-emergency transports			
Total	Emergency	Non-Emergency																	
727	727	0																	
Responses																			
Transports																			
Total number of transports Number of emergency transports Number of non-emergency transports																			
<table border="1"> <tr> <td>Total</td> <td>Emergency</td> <td>Non-Emergency</td> </tr> <tr> <td>422</td> <td>422</td> <td>0</td> </tr> <tr> <td colspan="3">Transports</td> </tr> <tr> <td colspan="3"> Total number of transports Number of emergency transports Number of non-emergency transports </td> </tr> </table>				Total	Emergency	Non-Emergency	422	422	0	Transports			Total number of transports Number of emergency transports Number of non-emergency transports						
Total	Emergency	Non-Emergency																	
422	422	0																	
Transports																			
Total number of transports Number of emergency transports Number of non-emergency transports																			
<table border="1"> <tr> <td>Air Ambulance Services</td> <td>Total</td> <td>Emergency</td> <td>Non-Emergency</td> </tr> <tr> <td>N/A</td> <td>N/A</td> <td>N/A</td> <td>N/A</td> </tr> <tr> <td>N/A</td> <td>N/A</td> <td>N/A</td> <td>N/A</td> </tr> <tr> <td>N/A</td> <td>N/A</td> <td>N/A</td> <td>N/A</td> </tr> </table>				Air Ambulance Services	Total	Emergency	Non-Emergency	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Air Ambulance Services	Total	Emergency	Non-Emergency																
N/A	N/A	N/A	N/A																
N/A	N/A	N/A	N/A																
N/A	N/A	N/A	N/A																

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

Provider:	West Covina Fire Department	Response Zone:	West Covina												
Address:	1444 West Garvey Avenue West Covina, CA 91790	Number of Ambulances in Fleet:	3												
Telephone number:	626.939.8584	Average Number of Ambulances on Duty at 12:00 p.m. (noon) on Any Given Day:	3												
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		System Available 24 Hours: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No													
		<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport <input type="checkbox"/> LALS <input type="checkbox"/> IFT	<input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> BLS <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> IFT												
Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Service: <input checked="" type="checkbox"/> 9-1-1 <input type="checkbox"/> 7-Digit <input type="checkbox"/> CCT <input type="checkbox"/> Water													
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	If Air: <input checked="" type="checkbox"/> Rotary Wing <input type="checkbox"/> Fixed Wing												
		Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue													
Transporting Agencies															
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">8,973</td> <td>Total number of responses</td> <td style="width: 25%; text-align: right;">4,093</td> <td>Total number of transports</td> </tr> <tr> <td>7,991</td> <td>Number of emergency responses</td> <td style="text-align: right;">4,074</td> <td>Number of emergency transports</td> </tr> <tr> <td>982</td> <td>Number of non-emergency responses</td> <td style="text-align: right;">19</td> <td>Number of non-emergency transports</td> </tr> </table>				8,973	Total number of responses	4,093	Total number of transports	7,991	Number of emergency responses	4,074	Number of emergency transports	982	Number of non-emergency responses	19	Number of non-emergency transports
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Air Ambulance Services															
N/A	Total number of responses	N/A	Total number of transports												
N/A	Number of emergency responses	N/A	Number of emergency transports												
N/A	Number of non-emergency responses	N/A	Number of non-emergency transports												

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

Provider:	West Coast Ambulance	Response Zone:																	
Address:	647 W. Avenue L-14 Lancaster, CA 93534	Number of Ambulances in Fleet:	30																
Telephone number:	800 880.0556	Average Number of Ambulances on Duty at 12:00 p.m. (noon) on Any Given Day:	24																
Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	System Available 24 Hours: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <table border="1" style="margin-left: 20px;"> <tr> <td><input checked="" type="checkbox"/> Transport</td> <td><input checked="" type="checkbox"/> ALS</td> <td><input checked="" type="checkbox"/> 9-1-1</td> <td><input checked="" type="checkbox"/> Ground</td> </tr> <tr> <td><input type="checkbox"/> Non-Transport</td> <td><input checked="" type="checkbox"/> BLS</td> <td><input type="checkbox"/> 7-Digit</td> <td><input type="checkbox"/> Air</td> </tr> <tr> <td></td> <td><input type="checkbox"/> LALS</td> <td><input type="checkbox"/> CCT</td> <td><input type="checkbox"/> Water</td> </tr> <tr> <td></td> <td></td> <td><input checked="" type="checkbox"/> IFT</td> <td></td> </tr> </table>	<input checked="" type="checkbox"/> Transport	<input checked="" type="checkbox"/> ALS	<input checked="" type="checkbox"/> 9-1-1	<input checked="" type="checkbox"/> Ground	<input type="checkbox"/> Non-Transport	<input checked="" type="checkbox"/> BLS	<input type="checkbox"/> 7-Digit	<input type="checkbox"/> Air		<input type="checkbox"/> LALS	<input type="checkbox"/> CCT	<input type="checkbox"/> Water			<input checked="" type="checkbox"/> IFT	
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		<input checked="" type="checkbox"/> IFT																	
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private		If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	If Air: <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Federal <table border="1" style="margin-left: 20px;"> <tr> <td><input type="checkbox"/> Rotary</td> <td><input type="checkbox"/> Auxiliary Rescue</td> </tr> <tr> <td><input type="checkbox"/> Fixed Wing</td> <td><input type="checkbox"/> Air Ambulance</td> </tr> <tr> <td></td> <td><input type="checkbox"/> ALS Rescue</td> </tr> <tr> <td></td> <td><input type="checkbox"/> BLS Rescue</td> </tr> </table>	<input type="checkbox"/> Rotary	<input type="checkbox"/> Auxiliary Rescue	<input type="checkbox"/> Fixed Wing	<input type="checkbox"/> Air Ambulance		<input type="checkbox"/> ALS Rescue		<input type="checkbox"/> BLS Rescue								
<input type="checkbox"/> Rotary	<input type="checkbox"/> Auxiliary Rescue																		
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	<input type="checkbox"/> ALS Rescue																		
	<input type="checkbox"/> BLS Rescue																		
Transporting Agencies																			
$\frac{37,145}{37,145}$ Total number of responses $\frac{0}{37,145}$ Number of emergency responses $\frac{37,145}{37,145}$ Number of non-emergency responses		$\frac{35,977}{35,974}$ Total number of transports $\frac{3}{35,974}$ Number of emergency transports $\frac{35,974}{35,974}$ Number of non-emergency transports																	
Air Ambulance Services		Transport Services																	
N/A	Total number of responses	N/A	Total number of transports																
N/A	Number of emergency responses	N/A	Number of emergency transports																
N/A	Number of non-emergency responses	N/A	Number of non-emergency transports																

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

Provider:	Westmed/McCormick Ambulance			Response Zone:	EOA 4, EOA 7, & Redondo Beach														
Address:	20101 Hamilton Avenue, Suite 230 Torrance, CA 90502			Number of Ambulances in Fleet:	67														
Telephone number:	310.219.1779			Average Number of Ambulances on Duty at 12:00 p.m. (noon) on Any Given Day:	45														
Written Contract:		Medical Director:		System Available 24 Hours:		Service:													
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT													
Ownership:		If Public: <input type="checkbox"/> Fire <input type="checkbox"/> County <input type="checkbox"/> Law <input type="checkbox"/> Fire District <input type="checkbox"/> Other <input type="checkbox"/> Federal Explain:		If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal		If Air: <input type="checkbox"/> Rotary Wing <input type="checkbox"/> ALS Rescue <input type="checkbox"/> Fixed Wing <input type="checkbox"/> BLS Rescue													
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Local EMS Agency or County Name: Los Angeles County
Area or subarea (Zone) Name or Title: Emergency Operating Area 1
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. American Medical Response of Southern California
Area or subarea (Zone) Geographic Description: Contains urban, rural and wilderness areas. See Attached Map.
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. Following a Request For Proposal process, Los Angeles County entered into an Emergency Ambulance Transportation Service Agreement with American Medical Response of Southern California on March 30, 2006 for the provision of basic life support services in Emergency Operating Area 1.
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). Exclusivity covers "Emergency Ambulance" 9-1-1 calls only.
Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. Request for Proposal, competitive bidding process was utilized to award EOAs. The Emergency Ambulance Transportation Services Agreement is effective from May 31, 2006 through November 30, 2016 (there was an extension provided by EMSA from the May 31, 2016 expiration).

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Local EMS Agency or County Name: Los Angeles County
Area or subarea (Zone) Name or Title: Emergency Operating Area 2
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. American Medical Response of Southern California
Area or subarea (Zone) Geographic Description: Contains urban, rural and wilderness areas. See Attached Map.
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. Following a Request For Proposal process, Los Angeles County entered into an Emergency Ambulance Transportation Service Agreement with American Medical Response of Southern California on March 30, 2006 for the provision of basic life support services in Emergency Operating Area 2.
Type of Exclusivity, “Emergency Ambulance”, “ALS”, or “LALS” (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). Exclusivity covers “Emergency Ambulance” 9-1-1 calls only.
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Local EMS Agency or County Name: Los Angeles County
Area or subarea (Zone) Name or Title: Emergency Operating Area 3
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Schaefer Ambulance Service
Area or subarea (Zone) Geographic Description: Contains urban, rural and wilderness areas. See Attached Map.
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. Following a Request For Proposal process, Los Angeles County entered into an Emergency Ambulance Transportation Service Agreement with Schaefer Ambulance Service on March 30, 2006 for the provision of basic life support services in Emergency Operating Area 3.
Type of Exclusivity, “Emergency Ambulance”, “ALS”, or “LALS” (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). Exclusivity covers “Emergency Ambulance” 9-1-1 calls only.
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Local EMS Agency or County Name: Los Angeles County
Area or subarea (Zone) Name or Title: Emergency Operating Area 4
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Westmed/McCormick Ambulance Service
Area or subarea (Zone) Geographic Description: Contains urban, rural and wilderness areas. See Attached Map.
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. Following a Request For Proposal process, Los Angeles County entered into an Emergency Ambulance Transportation Service Agreement with Westmed/McCormick Ambulance Service on March 30, 2006 for the provision of basic life support services in Emergency Operating Area 4.
Type of Exclusivity, “Emergency Ambulance”, “ALS”, or “LALS” (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). Exclusivity covers “Emergency Ambulance” 9-1-1 calls only.
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Local EMS Agency or County Name: Los Angeles County
Area or subarea (Zone) Name or Title: Emergency Operating Area 5
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. American Medical Response of Southern California
Area or subarea (Zone) Geographic Description: Contains urban, rural and wilderness areas. See Attached Map.
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. Following a Request For Proposal process, Los Angeles County entered into an Emergency Ambulance Transportation Service Agreement with American Medical Response of Southern California on March 30, 2006 for the provision of basic life support services in Emergency Operating Area 5.
Type of Exclusivity, “Emergency Ambulance”, “ALS”, or “LALS” (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). Exclusivity covers “Emergency Ambulance” 9-1-1 calls only.
Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. Request for Proposal, competitive bidding process was utilized to award EOAs. The Emergency Ambulance Transportation Services Agreement is effective from May 31, 2006 through November 30, 2016 (there was an extension provided by EMSA from the May 31, 2016 expiration).

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Local EMS Agency or County Name: Los Angeles County
Area or subarea (Zone) Name or Title: Emergency Operating Area 6
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Care Ambulance Service
Area or subarea (Zone) Geographic Description: Contains Urban area only. See Attached Map.
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. Following a Request For Proposal process, Los Angeles County entered into an Emergency Ambulance Transportation Service Agreement with Care Ambulance Service on March 30, 2006 for the provision of basic life support services in Emergency Operating Area 6.
Type of Exclusivity, “Emergency Ambulance”, “ALS”, or “LALS” (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). Exclusivity covers “Emergency Ambulance” 9-1-1 calls only.
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Local EMS Agency or County Name: Los Angeles County
Area or subarea (Zone) Name or Title: Emergency Operating Area 7
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Westmed/McCormick Ambulance Service
Area or subarea (Zone) Geographic Description: Contains urban area only. See Attached Map.
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. Following a Request For Proposal process, Los Angeles County entered into an Emergency Ambulance Transportation Service Agreement with Westmed/McCormick Ambulance Service on March 30, 2006 for the provision of basic life support services in Emergency Operating Area 7.
Type of Exclusivity, “Emergency Ambulance”, “ALS”, or “LALS” (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). Exclusivity covers “Emergency Ambulance” 9-1-1 calls only.
Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. Request for Proposal, competitive bidding process was utilized to award EOAs. The Emergency Ambulance Transportation Services Agreement is effective from May 31, 2006 through November 30, 2016 (there was an extension provided by EMSA from the May 31, 2016 expiration).

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Local EMS Agency or County Name: Los Angeles County
Area or subarea (Zone) Name or Title: City of Alhambra
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Alhambra Fire Department Length of operation prior to 1981
Area or subarea (Zone) Geographic Description: Alhambra has urban area only.
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. City of Alhambra had provided continuous emergency ambulance services prior to 1981. On April 30, 1991 they entered into an <i>Evergreen Agreement</i> with LA County covering the City's continued provision of emergency ambulance service within its corporate limits.
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). Exclusivity covers "Emergency Ambulance 9-1-1 calls only."
Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. The Emergency Ambulance Service Agreement was achieved by grandfathering and is open-ended. The agreement is applicable under Health and Safety Code 1797.224, as the City of Alhambra Fire Department has provided service without a change in scope or manner since prior to 1981.

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Local EMS Agency or County Name: Los Angeles County
Area or subarea (Zone) Name or Title: City of Arcadia
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Arcadia Fire Department Length of operation prior to 1981
Area or subarea (Zone) Geographic Description: Arcadia has urban area only.
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. City of Arcadia had provided continuous emergency ambulance services prior to 1981. On May 16, 1992 they entered into an <i>Evergreen Agreement</i> with LA County covering the City's continued provision of emergency ambulance service within its corporate limits.
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). Exclusivity covers "Emergency Ambulance" 9-1-1 calls only.
Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. The Emergency Ambulance Service Agreement was achieved by grandfathering and is open-ended. The agreement is applicable under Health and Safety Code 1797.224, as the City of Arcadia Fire Department has provided service without a change in scope or manner since prior to 1981.

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Local EMS Agency or County Name: Los Angeles County
Area or subarea (Zone) Name or Title: City of Beverly Hills
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Beverly Hills Fire Department Length of operation prior to 1981
Area or subarea (Zone) Geographic Description: Beverly Hills has urban area only.
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. City of Beverly Hills City of Arcadia had provided continuous emergency ambulance services prior to 1981. On April 2, 1991 they entered into an <i>Evergreen Agreement</i> with LA County covering the City's continued provision of emergency ambulance service within its corporate limits.
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). Exclusivity covers "Emergency Ambulance" 9-1-1 calls only.
Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. The Emergency Ambulance Service Agreement was achieved by grandfathering and is open-ended. The agreement is applicable under Health and Safety Code 1797.224, as the City of Beverly Hills Fire Department has provided service without a change in scope or manner since prior to 1981.

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Local EMS Agency or County Name: Los Angeles County
Area or subarea (Zone) Name or Title: City of Burbank
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Burbank Fire Department Length of operation prior to 1981
Area or subarea (Zone) Geographic Description: Burbank has urban area only.
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. City of Burbank had provided continuous emergency ambulance services prior to 1981. On May 30, 1991 they entered into an <i>Evergreen Agreement</i> with LA County covering the City's continued provision of emergency ambulance service within its corporate limits.
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). Exclusivity covers "Emergency Ambulance" 9-1-1 calls only.
Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. The Emergency Ambulance Service Agreement was achieved by grandfathering and is open-ended. The agreement is applicable under Health and Safety Code 1797.224, as the City of Burbank Fire Department has provided service without a change in scope or manner since prior to 1981.

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Local EMS Agency or County Name: Los Angeles County
Area or subarea (Zone) Name or Title: City of Culver City
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Culver City Fire Department
Area or subarea (Zone) Geographic Description: Culver City has urban area only.
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. City of Culver City had provided continuous emergency ambulance services prior to 1981. On April 30, 1991 they entered into an <i>Evergreen Agreement</i> with LA County covering the City's continued provision of emergency ambulance service within its corporate limits.
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). Exclusivity covers "Emergency Ambulance" 9-1-1 calls only.
Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. The Emergency Ambulance Service Agreement was achieved by grandfathering and is open-ended. The agreement is applicable under Health and Safety Code 1797.224, as the City of Culver City Fire Department has provided service without a change in scope or manner since prior to 1981.

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Local EMS Agency or County Name: Los Angeles County
Area or subarea (Zone) Name or Title: City of Downey
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Downey Fire Department Length of operation prior to 1981
Area or subarea (Zone) Geographic Description: Downey has urban area only.
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. City of Downey had provided continuous emergency ambulance services prior to 1981. On January 8, 1991 they entered into an <i>Evergreen Agreement</i> with LA County covering the City's continued provision of emergency ambulance service within its corporate limits.
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). Exclusivity covers "Emergency Ambulance" 9-1-1 calls only.
Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. The Emergency Ambulance Service Agreement was achieved by grandfathering and is open-ended. The agreement is applicable under Health and Safety Code 1797.224, as the City of Downey Fire Department has provided service without a change in scope or manner since prior to 1981.

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Local EMS Agency or County Name: Los Angeles County
Area or subarea (Zone) Name or Title: City of El Segundo
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. El Segundo Fire Department Length of operation prior to 1981
Area or subarea (Zone) Geographic Description: El Segundo has urban area only.
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. City of El Segundo had provided continuous emergency ambulance services prior to 1981. On September 3, 1991 they entered into an <i>Evergreen Agreement</i> with LA County covering the City's continued provision of emergency ambulance service within its corporate limits.
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). Exclusivity covers "Emergency Ambulance" 9-1-1 calls only.
Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. The Emergency Ambulance Service Agreement was achieved by grandfathering and is open-ended. The agreement is applicable under Health and Safety Code 1797.224, as the City of El Segundo Fire Department has provided service without a change in scope or manner since prior to 1981.

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Local EMS Agency or County Name: Los Angeles County
Area or subarea (Zone) Name or Title: City of Hermosa Beach
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Hermosa Beach Fire Department Length of operation prior to 1981
Area or subarea (Zone) Geographic Description: Hermosa Beach has urban area only.
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. City of Hermosa Beach had provided continuous emergency ambulance services prior to 1981. On June 19, 1991 they entered into an <i>Evergreen Agreement</i> with LA County covering the City's continued provision of emergency ambulance service within its corporate limits.
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). Exclusivity covers "Emergency Ambulance" 9-1-1 calls only.
Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. The Emergency Ambulance Service Agreement was achieved by grandfathering and is open-ended. The agreement is applicable under Health and Safety Code 1797.224, as the City of Hermosa Beach Fire Department has provided service without a change in scope or manner since prior to 1981.

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Local EMS Agency or County Name: Los Angeles County
Area or subarea (Zone) Name or Title: City of La Verne
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. La Verne Fire Department Length of operation prior to 1981
Area or subarea (Zone) Geographic Description: La Verne has urban area only.
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. City of La Verne had provided continuous emergency ambulance services prior to 1981. On August 27, 1991 they entered into an <i>Evergreen Agreement</i> with LA County covering the City's continued provision of emergency ambulance service within its corporate limits.
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). Exclusivity covers "Emergency Ambulance" 9-1-1 calls only.
Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. The Emergency Ambulance Service Agreement was achieved by grandfathering and is open-ended. The agreement is applicable under Health and Safety Code 1797.224, as the City of La Verne Fire Department has provided service without a change in scope or manner since prior to 1981.

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Local EMS Agency or County Name: Los Angeles County
Area or subarea (Zone) Name or Title: City of Long Beach
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Long Beach Fire Department Length of service prior to 1981
Area or subarea (Zone) Geographic Description: Long Beach has urban area only.
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. City of Long Beach had provided continuous emergency ambulance services prior to 1981. On July 3, 1990 they entered into an <i>Evergreen Agreement</i> with LA County covering the City's continued provision of emergency ambulance service within its corporate limits.
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). Exclusivity covers "Emergency Ambulance" 9-1-1 calls only.
Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. The Emergency Ambulance Service Agreement was achieved by grandfathering and is open-ended. The agreement is applicable under Health and Safety Code 1797.224, as the City of Long Beach Fire Department has provided service without a change in scope or manner since prior to 1981.

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Local EMS Agency or County Name: Los Angeles County
Area or subarea (Zone) Name or Title: City of Los Angeles
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Los Angeles City Fire Department Length of operation prior to 1981
Area or subarea (Zone) Geographic Description: Los Angeles has urban area only.
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. City of Los Angeles had provided continuous emergency ambulance services prior to 1981. On August 23, 1991 they entered into an <i>Evergreen Agreement</i> with LA County covering the City's continued provision of emergency ambulance service within its corporate limits.
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). Exclusivity covers "Emergency Ambulance" 9-1-1 calls only.
Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. The Emergency Ambulance Service Agreement was achieved by grandfathering and is open-ended. The agreement is applicable under Health and Safety Code 1797.224, as the City of Los Angeles Fire Department has provided service without a change in scope or manner since prior to 1981.

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Local EMS Agency or County Name: Los Angeles County
Area or subarea (Zone) Name or Title: City of Manhattan Beach
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Manhattan Beach Fire Department Length of operation prior to 1981
Area or subarea (Zone) Geographic Description: Manhattan Beach has urban area only.
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. Manhattan Beach had provided continuous emergency ambulance services prior to 1981. On April 30, 1991 they entered into an <i>Evergreen Agreement</i> with LA County covering the City's continued provision of emergency ambulance service within its corporate limits.
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). Exclusivity covers "Emergency Ambulance" 9-1-1 calls only.
Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. The Emergency Ambulance Service Agreement was achieved by grandfathering and is open-ended. The agreement is applicable under Health and Safety Code 1797.224, as the City of Manhattan Beach Fire Department has provided service without a change in scope or manner since prior to 1981.

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Local EMS Agency or County Name: Los Angeles County
Area or subarea (Zone) Name or Title: City of Monterey Park
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Monterey Park Fire Department Length of operation prior to 1981
Area or subarea (Zone) Geographic Description: Monterey Park has urban area only.
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. The City of Monterey Park had provided continuous emergency ambulance services prior to 1981. In 1991 they entered into an <i>Evergreen Agreement</i> with LA County covering the City's continued provision of emergency ambulance service within its corporate limits.
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). Exclusivity covers "Emergency Ambulance" 9-1-1 calls only.
Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. The Emergency Service Agreement was achieved by grandfathering and is open-ended. The agreement is applicable under Health and Safety Code Section 1797.224, as the City of Monterey Park Fire Department has provided service without a change in scope or manner prior to 1981.

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Local EMS Agency or County Name: Los Angeles County
Area or subarea (Zone) Name or Title: City of Pasadena
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Pasadena Fire Department Length of operation prior to 1981
Area or subarea (Zone) Geographic Description: Pasadena has urban area only.
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. The City of Pasadena had provided continuous emergency ambulance services prior to 1981. On April 23, 1993 they entered into an <i>Evergreen Agreement</i> with LA County covering the City's continued provision of emergency ambulance service within its corporate limits.
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). Exclusivity covers "Emergency Ambulance" 9-1-1 calls only.
Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. The Emergency Ambulance Service Agreement was achieved by grandfathering and is open-ended. The agreement is applicable under Heath and Safety Code 1797.224, as the City of Pasadena has provided service without a change in scope or manner prior to 1981.

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Local EMS Agency or County Name: Los Angeles County
Area or subarea (Zone) Name or Title: City of San Gabriel
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. City of San Gabriel Fire Department Length of operation prior to 1981
Area or subarea (Zone) Geographic Description: San Gabriel has urban area only.
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. The City of San Gabriel had provided continuous emergency ambulance services prior to 1981. On August 20, 1991 they entered into an <i>Evergreen Agreement</i> with LA County covering the City's continued provision of emergency ambulance service within its corporate limits.
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). Exclusivity covers "Emergency Ambulance" 9-1-1 calls only.
Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. The Emergency Service Agreement was achieved by grandfathering and is open-ended. The agreement is applicable under Health and Safety Code 1797.224, as the City of San Gabriel Fire Department has provided service without a change in scope of manner prior to 1981.

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Local EMS Agency or County Name: Los Angeles County
Area or subarea (Zone) Name or Title: City of San Marino
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. City of San Marino Fire Department Length of operation prior to 1981
Area or subarea (Zone) Geographic Description: San Marino has urban area only.
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. The City of San Marino had provided continuous emergency ambulance services prior to 1981. On July 23, 1991 they entered into an <i>Evergreen Agreement</i> with LA County covering the City's continued provision of emergency ambulance service within its corporate limits.
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). Exclusivity covers "Emergency Ambulance" 9-1-1 calls only.
Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. The Emergency Ambulance Service Agreement was achieved by grandfathering and is open-ended. The agreement is applicable under Health and Safety Code 1797.224, as the City of San Marino Fire Department has provided service without a change in scope or manner prior to 1981.

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Local EMS Agency or County Name: Los Angeles County
Area or subarea (Zone) Name or Title: City of Santa Monica
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. City of Santa Monica Fire Department Length of operation prior to 1981
Area or subarea (Zone) Geographic Description: Santa Monica has urban area only.
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. The City of Santa Monica had provided continuous emergency ambulance services prior to 1981. On March 16, 1993 they entered into an <i>Evergreen Agreement</i> with LA County covering the City's continued provision of emergency ambulance service within its corporate limits.
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). Exclusivity covers "Emergency Ambulance" 9-1-1 calls only.
Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. The Emergency Ambulance Service Agreement was achieved by grandfathering and is open-ended. The agreement is applicable under Health and Safety Code 1797.224, as the City of Santa Monica Fire Department has provided service without a change in scope or manner prior to 1981.

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Local EMS Agency or County Name: Los Angeles County
Area or subarea (Zone) Name or Title: City of Sierra Madre
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. City of Sierra Madre Fire Department Length of operation prior to 1981
Area or subarea (Zone) Geographic Description: Contains urban, rural and wilderness areas.
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. The City of Sierra Madre had provided continuous emergency ambulance services prior to 1981. On December 17, 1991 they entered into an <i>Evergreen Agreement</i> with LA County covering the City's continued provision of emergency ambulance service within its corporate limits.
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). Exclusivity covers "Emergency Ambulance" 9-1-1 calls only.
Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. The Emergency Ambulance Service Agreement was achieved by grandfathering and is open-ended. The agreement is applicable under Health and Safety Code 1797.224, as the City of Sierra Madre Fire Department has provided service without a change in scope or manner prior to 1981.

**Los Angeles County – Department of Health Services
EMERGENCY MEDICAL SERVICES
(Fiscal Year 2015-2016)
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

Local EMS Agency or County Name: Los Angeles County
Area or subarea (Zone) Name or Title: City of South Pasadena
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. City of South Pasadena Fire Department Length of operation prior to 1981
Area or subarea (Zone) Geographic Description: South Pasadena has urban area only.
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. The City of South Pasadena had provided continuous emergency ambulance services prior to 1981. On July 25, 1991 they entered into an <i>Evergreen Agreement</i> with LA County covering the City's continued provision of emergency ambulance service within its corporate limits.
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). Exclusivity covers "Emergency Ambulance" 9-1-1 calls only.
Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. The Emergency Ambulance Service Agreement was achieved by grandfathering and is open-ended. The agreement is applicable under Health and Safety Code 2798.224, as the City of South Pasadena Fire Department has provided service without a change in scope or manner prior to 1981.

**Los Angeles County – Department of Health Services
EMERGENCY MEDICAL SERVICES
(Fiscal Year 2015-2016)
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

Local EMS Agency or County Name: Los Angeles County
Area or subarea (Zone) Name or Title: City of Torrance
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. City of Torrance Fire Department Length of operation prior to 1981
Area or subarea (Zone) Geographic Description: Torrance has urban area only.
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. The City of Torrance had provided continuous emergency ambulance services prior to 1981. On August 27, 1991 they entered into an <i>Evergreen Agreement</i> with LA County covering the City's continued provision of emergency ambulance service within its corporate limits.
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). Exclusivity covers "Emergency Ambulance" 9-1-1 calls only.
Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. The Emergency Ambulance Service Agreement was achieved by grandfathering and is open-ended. The agreement is applicable under Health and Safety Code 1797.224, as the City of Torrance Fire Department has provided service without a change in scope or manner prior to 1981.

**Los Angeles County – Department of Health Services
EMERGENCY MEDICAL SERVICES
(Fiscal Year 2015-2016)
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

Local EMS Agency or County Name: Los Angeles County
Area or subarea (Zone) Name or Title: City of Avalon
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Avalon Fire Department Length of service prior to 1981
Area or subarea (Zone) Geographic Description: Avalon has urban area only.
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. The City of Avalon entered into an agreement for the provision of ambulance services with LA County prior to 1981. They have since entered into an <i>Evergreen Agreement</i> with LA County for the continued provision of ambulance services for the City of Avalon as well as the unincorporated area of Catalina Island.
Type of Exclusivity, “Emergency Ambulance”, “ALS”, or “LALS” (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). Exclusivity covers “Emergency Ambulance” 9-1-1 calls only.
Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. The Emergency Ambulance Service Agreement was achieved by grandfathering and is open-ended. The agreement is applicable under Health and Safety Code 1797.224, as the City of Avalon Fire Department has provided service without a change in scope or manner prior to 1981.

**Los Angeles County – Department of Health Services
EMERGENCY MEDICAL SERVICES
(Fiscal Year 2015-2016)
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

Local EMS Agency or County Name: Los Angeles County
Area or subarea (Zone) Name or Title: City of West Covina
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. City of West Covina Fire Department Length of service prior to 1981
Area or subarea (Zone) Geographic Description: West Covina has urban area only.
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. The City of West Covina had provided continuous emergency ambulance services prior to 1981. On July 23, 1991 they entered into an <i>Evergreen Agreement</i> with LA County covering the City's continued provision of emergency ambulance service within its corporate limits.
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). Exclusivity covers "Emergency Ambulance" 9-1-1 calls only.
Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. The Emergency Ambulance Service Agreement was achieved by grandfathering and is open-ended. The agreement is applicable under Health and Safety Code 1797.224, as the City of West Covina has provided service without a change in scope or manner since prior to 1981.

**Los Angeles County – Department of Health Services
EMERGENCY MEDICAL SERVICES
(Fiscal Year 2015-2016)
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

Local EMS Agency or County Name: Los Angeles County
Area or subarea (Zone) Name or Title: City of San Fernando
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. City of Los Angeles Fire Department Length of service prior to 1981
Area or subarea (Zone) Geographic Description: San Fernando has urban area only.
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. The City of San Fernando entered into an agreement for the provision of emergency ambulance service with LA City prior to 1981. They have since entered into an <i>Evergreen Agreement</i> with LA City covering the City's continued provision of emergency ambulance service within its corporate limits.
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). Exclusivity covers "Emergency Ambulance" 9-1-1 calls only.
Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. The Agreement is applicable under Health and Safety Code 1797.224, as the City of Los Angeles has provided service without a change in scope or manner since prior to 1981. The Agreement is automatically renewed for five-year periods until either party gives the other a least six months notice prior to the termination date of its desire to terminate or amend the Agreement.

**Los Angeles County – Department of Health Services
EMERGENCY MEDICAL SERVICES
(Fiscal Year 2015-2016)
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

Local EMS Agency or County Name: Los Angeles County
Area or subarea (Zone) Name or Title: City of Vernon
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. City of Vernon Fire Department Length of service prior to 1981
Area or subarea (Zone) Geographic Description: Vernon has urban area only.
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. The City of Vernon had provided continuous emergency ambulance services prior to 1981. On November 26, 1991 they entered into an <i>Evergreen Agreement</i> with LA County covering the City's continued provision of emergency ambulance service within its corporate limits.
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). Exclusivity covers "Emergency Ambulance" 9-1-1 calls only.
Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. The Emergency Ambulance Service Agreement was achieved by grandfathering and is open-ended. The agreement is applicable under Heath and Safety Code 1797.224, as the City of Vernon has provided service without a change in scope or manner since prior to 1981.

**Los Angeles County – Department of Health Services
EMERGENCY MEDICAL SERVICES
(Fiscal Year 2015-2016)
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

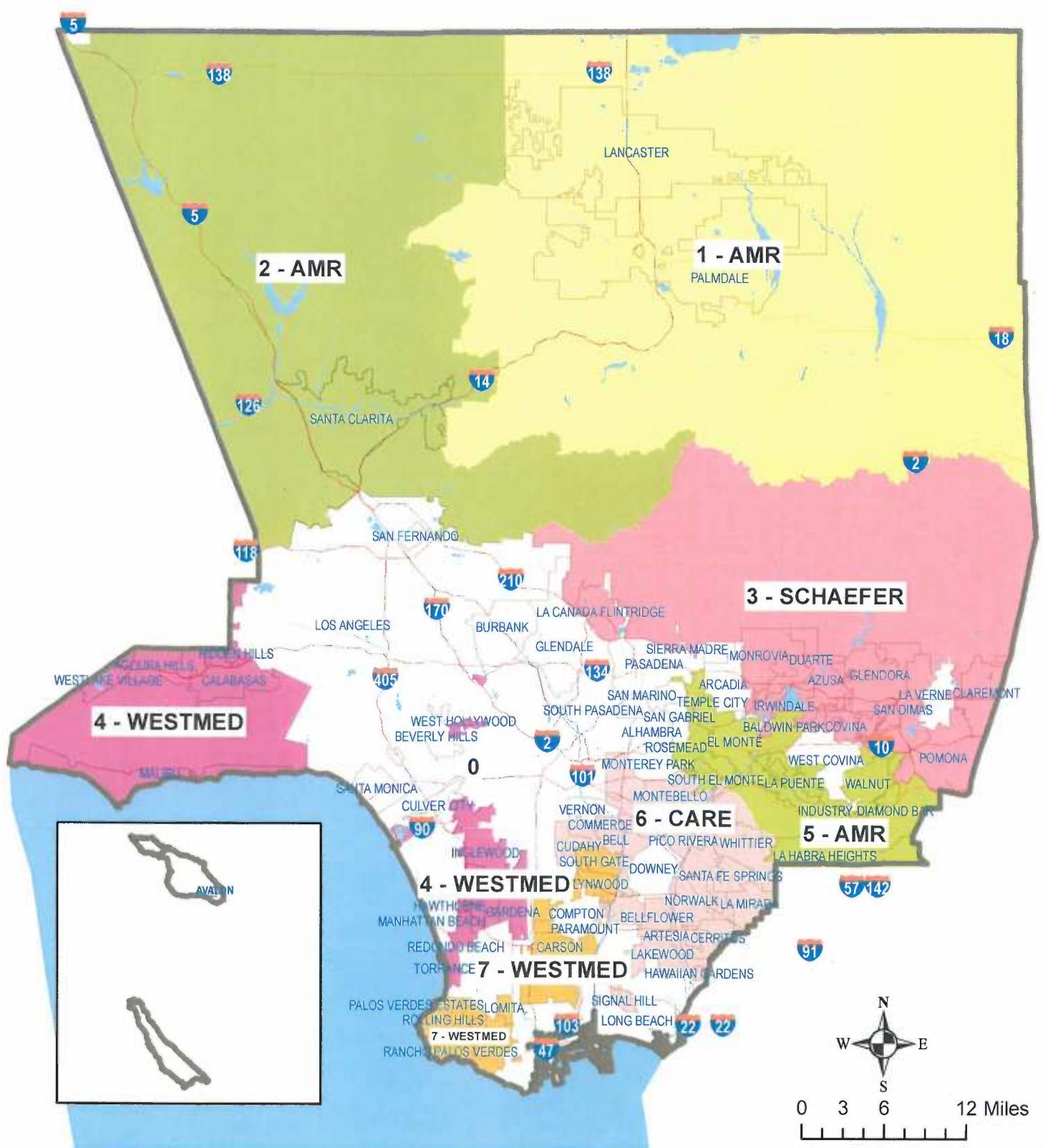
Local EMS Agency or County Name: Los Angeles County
Area or subarea (Zone) Name or Title: City of Glendale
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Glendale Fire Department Length of service prior to 1981
Area or subarea (Zone) Geographic Description: Glendale has urban area only.
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. The City of Glendale had provided continuous emergency ambulance services prior to 1981. On March 16, 1993 they entered into an <i>Evergreen Agreement</i> with LA County covering the City's continued provision of emergency ambulance service within its corporate limits.
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). Exclusivity covers "Emergency Ambulance" 9-1-1 calls only.
Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. The Emergency Ambulance Service Agreement was achieved by grandfathering and is open-end. The agreement is applicable under Health and safety Code 1797.224, as the City of Glendale Fire Department has provided service without a change in scope or manner since prior to 1981.

**Los Angeles County – Department of Health Services
EMERGENCY MEDICAL SERVICES
(Fiscal Year 2015-2016)
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

Local EMS Agency or County Name: Los Angeles County
Area or subarea (Zone) Name or Title: City of Compton
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Compton Fire Department
Area or subarea (Zone) Geographic Description: City of Compton
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. Non-Exclusive
Type of Exclusivity, “Emergency Ambulance”, “ALS”, or “LALS” (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).
Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.

9-1-1 AMBULANCE EXCLUSIVE OPERATING AREAS - 2006 - 2016

**Legend**

Exclusive Operating Areas	AREA 4	Freeway
0		
AREA 1		
AREA 2		
AREA 3		
AREA 5		
AREA 6		
AREA 7		
cities2000		



**Los Angeles County – Department of Health Services
EMERGENCY MEDICAL SERVICES PLAN
ANNUAL UPDATE 2016
(Fiscal Years 2015-2015)**



Table 9 – RESOURCE DIRECTORY – Facilities

EMS System: Los Angeles County

**Facility:
Address:**
Alhambra Hospital
100 South Raymond Avenue
Alhambra, CA 91801

Reporting Year: Fiscal Years 2015-2016

Telephone Number: (626) 570-1606

<u>Written Contract:</u>	<u>Service:</u>	<u>Base Hospital:</u>	<u>Burn Center:</u>
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Referral Emergency <input checked="" type="checkbox"/> Basic Emergency	<input type="checkbox"/> Standby Emergency <input type="checkbox"/> Comprehensive Emergency	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<u>Pediatric Critical Care Center¹</u> <u>EDAP²</u> <u>PICU³</u>		<u>Trauma Center:</u>	<u>If Trauma Center what level:</u>
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
<u>STEMI Center:</u>	<u>Stroke Center:</u>		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

¹ Meets EMSA Pediatric Critical Care Center (PCCC) Standards

² Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

³ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

Facility: Antelope Valley Hospital
Address: 1600 West Avenue J
Lancaster, CA 93534

Telephone Number: (661) 949-5000

Telephone Number: (661) 949-5000

Telephone Number: (661) 949-5000

⁴ Meets EMSA Pediatric Critical Care Center (PCCC) Standards

⁵ Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards
⁶ Meets California Children Services (CCS) Standards

⁶ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

Facility: Beverly Hospital
Address: 309 West Beverly Boulevard
Montebello, CA 90640

Telephone Number: (323)726-1222

<u>Written Contract:</u>	<u>Service:</u>														
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Referral Emergency <input checked="" type="checkbox"/> Basic Emergency	<input type="checkbox"/> Standby Emergency <input type="checkbox"/> Comprehensive Emergency	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No												
		<u>Base Hospital:</u>	<u>Burn Center:</u>												
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No												
<table border="1"> <tr> <td><u>Pediatric Critical Care Center⁷</u></td> <td><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</td> <td><u>Trauma Center:</u></td> <td><u>If Trauma Center what level:</u></td> </tr> <tr> <td>EDAP⁸</td> <td><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</td> <td><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</td> <td><input type="checkbox"/> Level I <input type="checkbox"/> Level II</td> </tr> <tr> <td>PICU⁹</td> <td><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</td> <td><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</td> <td><input type="checkbox"/> Level III <input type="checkbox"/> Level IV</td> </tr> </table>				<u>Pediatric Critical Care Center⁷</u>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u>	<u>If Trauma Center what level:</u>	EDAP ⁸	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Level I <input type="checkbox"/> Level II	PICU ⁹	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Level III <input type="checkbox"/> Level IV
<u>Pediatric Critical Care Center⁷</u>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u>	<u>If Trauma Center what level:</u>												
EDAP ⁸	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Level I <input type="checkbox"/> Level II												
PICU ⁹	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Level III <input type="checkbox"/> Level IV												
<u>STEMI Center:</u>		<u>Stroke Center:</u>													
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No													

Meets EMSA Pediatric Critical Care Center (PCCC) Standards

Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

⁹ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

Facility: California Hospital Medical Center
Address: 1401 South Grand Avenue
 Los Angeles, CA 90015

Telephone Number: (213) 748-2411

Written Contract:		Service:			Base Hospital:		Burn Center:		
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Referral Emergency	<input type="checkbox"/> Basic Emergency	<input type="checkbox"/> Standby Emergency	<input type="checkbox"/> Comprehensive Emergency	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Pediatric Critical Care Center¹⁰ EDAP¹¹ PICU¹²					<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> No	Trauma Center:	If Trauma Center what level:
					<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
					<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
STEMI Center:		Stroke Center:							
<input type="checkbox"/> Yes		<input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes			<input type="checkbox"/> No			

¹⁰ Meets EMSA Pediatric Critical Care Center (PCCC) Standards

¹¹ Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

¹² Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

Facility: Catalina Island Medical Center
Address: 100 Falls Canyon Road
Avalon, CA 90704

Telephone Number: (310) 510-0700

Written Contract:		Service:		Base Hospital:		Burn Center:	
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Referral Emergency	<input type="checkbox"/> Standby Emergency	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
		<input type="checkbox"/> Basic Emergency	<input type="checkbox"/> Comprehensive Emergency				
				Trauma Center:		If Trauma Center what level:	
		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Level I	<input type="checkbox"/> Level II
		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Level III	<input type="checkbox"/> Level IV
		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Stroke Center:			
		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No				

¹³ Meets EMSA Pediatric Critical Care Center (PCCC) Standards

¹⁴ Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

¹⁵ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

Facility: Cedars Sinai Medical Center
Address: 8700 Beverly Medical Center
Los Angeles, CA 90048

Telephone Number: (310) 855-5000

¹⁶ Meets EMSA Pediatric Critical Care Center (PCCC) Standards
¹⁷ Meets EMSA Pediatric Critical Care Center (PCCC) Standards

¹⁷ Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards
¹⁸ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

Facility: Centinela Hospital Medical Center
Address: 555 East Hardy Street
Inglewood, CA 90301

Telephone Number: (310) 673-4660

卷之三

555 East Hardy Street
Inglewood, CA 90301

Meets EMSA Pediatric Critical Care Center (PCCC) Standards

²⁰ Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards
²¹ Meets California Children Services (CCS) Pediatric Intensive Care Init (PCI) Standards

Intensive Care Unit (ICU) Standards

TABLE 9: FACILITIES

Facility: Children's Hospital Los Angeles	Telephone Number: (323) 660-2450																																					
Address: 4650 Sunset Boulevard Los Angeles, CA 90027																																						
<table border="1"> <thead> <tr> <th colspan="2"><u>Written Contract:</u></th> <th colspan="3"><u>Service:</u></th> <th colspan="2"><u>Base Hospital:</u></th> <th colspan="2"><u>Burn Center:</u></th> </tr> </thead> <tbody> <tr> <td><input checked="" type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Referral Emergency</td> <td><input type="checkbox"/> Standby Emergency</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Yes</td> <td><input checked="" type="checkbox"/> No</td> <td><input type="checkbox"/> Yes</td> <td><input checked="" type="checkbox"/> No</td> </tr> <tr> <td></td> <td></td> <td><input checked="" type="checkbox"/> Basic Emergency</td> <td><input type="checkbox"/> Comprehensive Emergency</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		<u>Written Contract:</u>		<u>Service:</u>			<u>Base Hospital:</u>		<u>Burn Center:</u>		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Referral Emergency	<input type="checkbox"/> Standby Emergency	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No			<input checked="" type="checkbox"/> Basic Emergency	<input type="checkbox"/> Comprehensive Emergency															
<u>Written Contract:</u>		<u>Service:</u>			<u>Base Hospital:</u>		<u>Burn Center:</u>																															
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Referral Emergency	<input type="checkbox"/> Standby Emergency	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No																														
		<input checked="" type="checkbox"/> Basic Emergency	<input type="checkbox"/> Comprehensive Emergency																																			
		<table border="1"> <thead> <tr> <th colspan="3"><u>Pediatric Critical Care Center²²</u></th> <th colspan="2"><u>Trauma Center:</u></th> <th colspan="3"><u>If Trauma Center what level:</u></th> </tr> </thead> <tbody> <tr> <td><input checked="" type="checkbox"/> Yes</td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input checked="" type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input checked="" type="checkbox"/> No</td> <td><input checked="" type="checkbox"/> Level I</td> <td><input type="checkbox"/> Level II</td> </tr> <tr> <td><input checked="" type="checkbox"/> Yes</td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input checked="" type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Level III</td> <td><input type="checkbox"/> Level IV</td> </tr> <tr> <td><input checked="" type="checkbox"/> Yes</td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		<u>Pediatric Critical Care Center²²</u>			<u>Trauma Center:</u>		<u>If Trauma Center what level:</u>			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Level I	<input type="checkbox"/> Level II	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> Level III	<input type="checkbox"/> Level IV	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> No								
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<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No																																			

²² Meets EMSA Pediatric Critical Care Center (PCCC) Standards

²³ Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

²⁴ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

Facility: Citrus Valley Medical Center-Inter-Community Campus
Address: 210 West San Bernardino Road Covina, CA 91723

Telephone Number: (626) 331-7331

Written Contract:		Service:		Base Hospital:		Burn Center:	
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Referral Emergency	<input type="checkbox"/> Standby Emergency	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
		<input checked="" type="checkbox"/> Basic Emergency	<input type="checkbox"/> Comprehensive Emergency				
				Trauma Center:		If Trauma Center what level:	
		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Level I	<input type="checkbox"/> Level II
		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Level III	<input type="checkbox"/> Level IV
				Stroke Center:			
		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		

²⁵ Meets EMSA Pediatric Critical Care Center (PCCC) Standards

²⁶ Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

²⁷ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

Facility: Citrus Valley Medical Center-Queen of the
Valley Campus

Address: 1115 South Sunset Avenue
West Covina, CA 91790

Telephone Number: (626) 962-4011

<u>Written Contract:</u>	<u>Service:</u>		
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Referral Emergency <input checked="" type="checkbox"/> Basic Emergency	<input type="checkbox"/> Standby Emergency <input type="checkbox"/> Comprehensive Emergency	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
		<u>Base Hospital:</u>	<u>Burn Center:</u>
		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<u>Pediatric Critical Care Center²⁸</u>			
<u>EDAP²⁹</u>			
<u>PICU³⁰</u>			
<u>Trauma Center:</u>			
<u>If Trauma Center what level:</u>			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<input type="checkbox"/> Level I <input type="checkbox"/> Level II			
<input type="checkbox"/> Level III <input type="checkbox"/> Level IV			
<u>STEMI Center:</u>			
<u>Stroke Center:</u>			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

²⁸ Meets EMSA Pediatric Critical Care Center (PCCC) Standards
²⁹ Meets EMSA Emergency Department (ED) Quality Standard

Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards
Meets California Children Services (CCS) Pediatric Intensive Care Unit (PCU) Standards

Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

Facility: Coast Plaza Doctors Hospital
Address: 13100 Studebaker Road
Norwalk, CA 90650

Telephone Number: (562) 868-3751

<u>Written Contract:</u>	<u>Service:</u>		
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Referral Emergency <input checked="" type="checkbox"/> Basic Emergency	<input type="checkbox"/> Standby Emergency <input type="checkbox"/> Comprehensive Emergency	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		<u>Burn Center:</u>	
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<u>Pediatric Critical Care Center³¹</u>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u>	<u>If Trauma Center what level:</u>
<u>EDAP³²</u>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Level I <input type="checkbox"/> Level III
<u>PICU³³</u>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Level II <input type="checkbox"/> Level IV
<u>STEMI Center:</u>	<u>Stroke Center:</u>		
	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

31 Meets EMSA Pediatric Critical Care Center (PCCC) Standards

32 Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

33 Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

Facility: College Medical Center	Telephone Number: (562) 595-1911																											
Address: 2776 Pacific Avenue Long Beach, CA 90806																												
<table border="1"> <thead> <tr> <th colspan="2">Written Contract:</th> <th colspan="3">Service:</th> <th colspan="3">Base Hospital:</th> <th colspan="3">Burn Center:</th> </tr> </thead> <tbody> <tr> <td><input checked="" type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Referral Emergency</td> <td><input type="checkbox"/> Basic Emergency</td> <td><input type="checkbox"/> Standby Emergency</td> <td><input type="checkbox"/> Comprehensive Emergency</td> <td><input type="checkbox"/> Yes</td> <td><input checked="" type="checkbox"/> No</td> <td><input type="checkbox"/> Yes</td> <td><input checked="" type="checkbox"/> No</td> <td><input type="checkbox"/> Yes</td> <td><input checked="" type="checkbox"/> No</td> </tr> </tbody> </table>		Written Contract:		Service:			Base Hospital:			Burn Center:			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Referral Emergency	<input type="checkbox"/> Basic Emergency	<input type="checkbox"/> Standby Emergency	<input type="checkbox"/> Comprehensive Emergency	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No				
Written Contract:		Service:			Base Hospital:			Burn Center:																				
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Referral Emergency	<input type="checkbox"/> Basic Emergency	<input type="checkbox"/> Standby Emergency	<input type="checkbox"/> Comprehensive Emergency	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No																	
<table border="1"> <thead> <tr> <th colspan="3">Pediatric Critical Care Center³⁴</th> <th colspan="3">Trauma Center:</th> <th colspan="3">If Trauma Center what level:</th> </tr> </thead> <tbody> <tr> <td><input checked="" type="checkbox"/> EDAP³⁵</td> <td><input type="checkbox"/> Yes</td> <td><input checked="" type="checkbox"/> No</td> <td><input type="checkbox"/> Yes</td> <td><input checked="" type="checkbox"/> No</td> <td><input type="checkbox"/> Yes</td> <td><input checked="" type="checkbox"/> No</td> <td><input type="checkbox"/> Level I</td> <td><input type="checkbox"/> Level II</td> </tr> <tr> <td><input checked="" type="checkbox"/> PICU³⁶</td> <td><input type="checkbox"/> Yes</td> <td><input checked="" type="checkbox"/> No</td> <td><input type="checkbox"/> Yes</td> <td><input checked="" type="checkbox"/> No</td> <td><input type="checkbox"/> Yes</td> <td><input checked="" type="checkbox"/> No</td> <td><input type="checkbox"/> Level III</td> <td><input type="checkbox"/> Level IV</td> </tr> </tbody> </table>		Pediatric Critical Care Center³⁴			Trauma Center:			If Trauma Center what level:			<input checked="" type="checkbox"/> EDAP ³⁵	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Level I	<input type="checkbox"/> Level II	<input checked="" type="checkbox"/> PICU ³⁶	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Level III	<input type="checkbox"/> Level IV
Pediatric Critical Care Center³⁴			Trauma Center:			If Trauma Center what level:																						
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<input checked="" type="checkbox"/> PICU ³⁶	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Level III	<input type="checkbox"/> Level IV																				
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STEMI Center:		Stroke Center:																										
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No																									

³⁴ Meets EMSA *Pediatric Critical Care Center (PCCC)* Standards

³⁵ Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

³⁶ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

Facility: <u>Community Hospital of Huntington Park</u>	Address: <u>2623 E. Slauson Ave</u>	Telephone Number: <u>(323) 538-1931</u>																																																		
<table border="1"> <thead> <tr> <th colspan="2">Written Contract:</th> <th colspan="2">Service:</th> <th>Base Hospital:</th> <th>Burn Center:</th> </tr> </thead> <tbody> <tr> <td><input checked="" type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Referral Emergency</td> <td><input type="checkbox"/> Standby Emergency</td> <td><input type="checkbox"/> Yes</td> <td><input checked="" type="checkbox"/> No</td> </tr> <tr> <td colspan="2"></td> <td><input type="checkbox"/> Basic Emergency</td> <td><input type="checkbox"/> Comprehensive Emergency</td> <td><input type="checkbox"/> Yes</td> <td><input checked="" type="checkbox"/> No</td> </tr> </tbody> </table> <table border="1"> <thead> <tr> <th colspan="2">Pediatric Critical Care Center³⁷</th> <th colspan="2">Trauma Center:</th> <th colspan="2">If Trauma Center what level:</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> EDAP³⁸</td> <td><input type="checkbox"/> Yes</td> <td><input checked="" type="checkbox"/> No</td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> Level I</td> <td><input type="checkbox"/> Level II</td> </tr> <tr> <td><input type="checkbox"/> PICU³⁹</td> <td><input type="checkbox"/> Yes</td> <td><input checked="" type="checkbox"/> No</td> <td><input type="checkbox"/> Yes</td> <td><input checked="" type="checkbox"/> No</td> <td><input type="checkbox"/> Level III</td> </tr> <tr> <td colspan="2"></td> <td><input type="checkbox"/> Yes</td> <td><input checked="" type="checkbox"/> No</td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> Level IV</td> </tr> </tbody> </table> <table border="1"> <thead> <tr> <th colspan="2">STEMI Center:</th> <th colspan="2">Stroke Center:</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> Yes</td> <td><input checked="" type="checkbox"/> No</td> <td><input type="checkbox"/> Yes</td> <td><input checked="" type="checkbox"/> No</td> </tr> </tbody> </table>			Written Contract:		Service:		Base Hospital:	Burn Center:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Referral Emergency	<input type="checkbox"/> Standby Emergency	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No			<input type="checkbox"/> Basic Emergency	<input type="checkbox"/> Comprehensive Emergency	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Pediatric Critical Care Center³⁷		Trauma Center:		If Trauma Center what level:		<input type="checkbox"/> EDAP ³⁸	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Level I	<input type="checkbox"/> Level II	<input type="checkbox"/> PICU ³⁹	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Level III			<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Level IV	STEMI Center:		Stroke Center:		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
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<input type="checkbox"/> PICU ³⁹	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Level III																																															
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³⁷ Meets EMSA Pediatric Critical Care Center (PCCC) Standards

³⁸ Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

³⁹ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

Facility: Community Hospital of Long Beach	Address: 1720 Termino Avenue Long Beach, CA 90804	Telephone Number: <u>(562) 498-1000</u>																											
<table border="1"> <thead> <tr> <th colspan="2">Written Contract:</th> <th colspan="3">Service:</th> <th colspan="3">Base Hospital:</th> <th colspan="3">Burn Center:</th> </tr> </thead> <tbody> <tr> <td><input checked="" type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Referral Emergency</td> <td><input type="checkbox"/> Basic Emergency</td> <td><input type="checkbox"/> Standby Emergency</td> <td><input type="checkbox"/> Comprehensive Emergency</td> <td><input type="checkbox"/> Yes</td> <td><input checked="" type="checkbox"/> No</td> <td><input type="checkbox"/> Yes</td> <td><input checked="" type="checkbox"/> No</td> <td><input type="checkbox"/> Yes</td> <td><input checked="" type="checkbox"/> No</td> </tr> </tbody> </table>			Written Contract:		Service:			Base Hospital:			Burn Center:			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Referral Emergency	<input type="checkbox"/> Basic Emergency	<input type="checkbox"/> Standby Emergency	<input type="checkbox"/> Comprehensive Emergency	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No				
Written Contract:		Service:			Base Hospital:			Burn Center:																					
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Referral Emergency	<input type="checkbox"/> Basic Emergency	<input type="checkbox"/> Standby Emergency	<input type="checkbox"/> Comprehensive Emergency	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No																		
<table border="1"> <thead> <tr> <th colspan="3">Pediatric Critical Care Center⁴⁰</th> <th colspan="3">Trauma Center:</th> <th colspan="3">If Trauma Center what level:</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> EDAP⁴¹</td> <td><input type="checkbox"/> Yes</td> <td><input checked="" type="checkbox"/> No</td> <td><input type="checkbox"/> Yes</td> <td><input checked="" type="checkbox"/> No</td> <td><input type="checkbox"/> Yes</td> <td><input checked="" type="checkbox"/> No</td> <td><input type="checkbox"/> Level I</td> <td><input type="checkbox"/> Level II</td> </tr> <tr> <td><input type="checkbox"/> PICU⁴²</td> <td><input type="checkbox"/> Yes</td> <td><input checked="" type="checkbox"/> No</td> <td><input type="checkbox"/> Yes</td> <td><input checked="" type="checkbox"/> No</td> <td><input type="checkbox"/> Yes</td> <td><input checked="" type="checkbox"/> No</td> <td><input type="checkbox"/> Level III</td> <td><input type="checkbox"/> Level IV</td> </tr> </tbody> </table>			Pediatric Critical Care Center⁴⁰			Trauma Center:			If Trauma Center what level:			<input type="checkbox"/> EDAP ⁴¹	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Level I	<input type="checkbox"/> Level II	<input type="checkbox"/> PICU ⁴²	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Level III	<input type="checkbox"/> Level IV
Pediatric Critical Care Center⁴⁰			Trauma Center:			If Trauma Center what level:																							
<input type="checkbox"/> EDAP ⁴¹	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Level I	<input type="checkbox"/> Level II																					
<input type="checkbox"/> PICU ⁴²	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Level III	<input type="checkbox"/> Level IV																					
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STEMI Center:			Stroke Center:																										
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No																								

⁴⁰ Meets EMSA Pediatric Critical Care Center (PCCC) Standards

⁴¹ Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

⁴² Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

Facility: East Los Angeles Doctors Hospital
Address: 4060 East Whittier Boulevard
Los Angeles, CA 90023

Telephone Number: (323) 268-5514

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Telephone Number: (323) 268-5514

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<u>Written Contract:</u>		<u>Service:</u>		<u>Base Hospital:</u>		<u>Burn Center:</u>	
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Referral Emergency	<input type="checkbox"/> Basic Emergency	<input type="checkbox"/> Standby Emergency	<input type="checkbox"/> Comprehensive Emergency	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
				<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<u>Pediatric Critical Care Center⁴³</u>		<u>Trauma Center:</u>		<u>If Trauma Center what level:</u>			
EDAP ⁴⁴		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Level I	<input type="checkbox"/> Level II
PICU ⁴⁵		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Level III	<input type="checkbox"/> Level IV
<u>STEMI Center:</u>		<u>Stroke Center:</u>					
		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		

Meets EMSA Pediatric Critical Care Center (PCCC) Standards

Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

Facility: Encino Hospital Medical Center
Address: 16237 Ventura Boulevard
 Encino, CA 91436

Telephone Number: (818) 995-5000

Written Contract:		Service:		Base Hospital:		Burn Center:	
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Referral Emergency	<input type="checkbox"/> Standby Emergency	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
		<input checked="" type="checkbox"/> Basic Emergency	<input type="checkbox"/> Comprehensive Emergency				
Pediatric Critical Care Center⁴⁶		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Trauma Center:		If Trauma Center what level:	
EDAP ⁴⁷		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Level I	<input type="checkbox"/> Level II
PICU ⁴⁸		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Level III	<input type="checkbox"/> Level IV
STEMI Center:		Stroke Center:					
<input type="checkbox"/> Yes		<input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No			

⁴⁶ Meets EMSA Pediatric Critical Care Center (PCCC) Standards

⁴⁷ Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

⁴⁸ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

Facility: Foothill Presbyterian Hospital
Address: 250 South Grand Avenue
Glendora, CA 91749

Telephone Number: (626) 963-8411

Telephone Number: (626) 963-8411

49 Meets EMSA Pediatric Critical Care Center (PCCC) Standards

Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards
Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

Facility: Garfield Medical Center
Address: 525 North Garfield Avenue
Monterey Park, CA 91754

Telephone Number: (626) 573-2222

Written Contract:		Service:		Base Hospital:		Burn Center:					
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Referral Emergency	<input type="checkbox"/> Basic Emergency	<input type="checkbox"/> Standby Emergency	<input type="checkbox"/> Comprehensive Emergency	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Pediatric Critical Care Center⁵²		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Trauma Center:		If Trauma Center what level:					
EDAP ⁵³		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No			<input type="checkbox"/> Level I	<input type="checkbox"/> Level II			<input type="checkbox"/> Level III	<input type="checkbox"/> Level IV
PICU ⁵⁴		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No			<input type="checkbox"/> Level IV	<input type="checkbox"/> Level III			<input type="checkbox"/> Level II	<input type="checkbox"/> Level I
STEMI Center:		Stroke Center:									
<input checked="" type="checkbox"/> Yes		<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes		<input type="checkbox"/> No						

⁵² Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*

⁵³ Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

⁵⁴ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

Facility: Gardens Regional Hospital & Medical Center
Address: 21530 South Pioneer Boulevard
Hawaiian Gardens, CA 90716

Telephone Number: (562) 860-0401

Written Contract:		Service:			Base Hospital:		Burn Center:			
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Referral Emergency	<input type="checkbox"/> Basic Emergency	<input type="checkbox"/> Standby Emergency	<input type="checkbox"/> Comprehensive Emergency	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
Pediatric Critical Care Center⁵⁵ EDAP⁵⁶ PICU⁵⁷		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> No	Trauma Center:		If Trauma Center what level:			
		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Level I	<input type="checkbox"/> Level II	<input type="checkbox"/> Level III	<input type="checkbox"/> Level IV
STEMI Center:		Stroke Center:								
<input type="checkbox"/> Yes		<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes			<input checked="" type="checkbox"/> No				

⁵⁵ Meets EMSA *Pediatric Critical Care Center (PCCC)* Standards

⁵⁶ Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

⁵⁷ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

Facility: Glendale Adventist Medical Center
Address: 1509 East Wilson Terrace
Glendale, CA 91206

Telephone Number: (818) 409-8000

<u>Written Contract:</u>		<u>Service:</u>		<u>Base Hospital:</u>		<u>Burn Center:</u>	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Referral Emergency <input type="checkbox"/> Basic Emergency <input checked="" type="checkbox"/> Standby Emergency <input type="checkbox"/> Comprehensive Emergency		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<u>Pediatric Critical Care Center⁵⁸</u>				<u>Trauma Center:</u>		<u>If Trauma Center what level:</u>	
EDAP⁵⁹ PICU⁶⁰				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV	
<u>STEMI Center:</u>		<u>Stroke Center:</u>					
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					

Meets EMSA Pediatric Critical Care Center (PCCC) Standards
Meets EMSA Emergency Department Approval for Pediatric

Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standard

Final (FCU) status

TABLE 9: FACILITIES

Facility: Glendale Memorial Hospital and Health Center
Address: 1420 South Central Avenue
Glendale, CA 91204

Telephone Number: _____
(818) 502-1900

Meets EMSA Pediatric Critical Care Center (PCCC) Standards

Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standard

Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

Facility: Glendora Community Hospital
Address: 150 W. Route 66
Glendora, CA 91740

Telephone Number: (626) 335-0231

Written Contract:		Service:		Base Hospital:		Burn Center:	
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Referral Emergency	<input type="checkbox"/> Standby Emergency	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
		<input checked="" type="checkbox"/> Basic Emergency	<input type="checkbox"/> Comprehensive Emergency				
 Pediatric Critical Care Center⁶⁴		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Trauma Center:		If Trauma Center what level:	
EDAP ⁶⁵		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Level I	<input type="checkbox"/> Level II
PICU ⁶⁶		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Level III	<input type="checkbox"/> Level IV
 STEMI Center:		Stroke Center:					
<input type="checkbox"/> Yes		<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No			

⁶⁴ Meets EMSA Pediatric Critical Care Center (PCCC) Standards

⁶⁵ Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

⁶⁶ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

Facility: Good Samaritan Hospital
Address: 1225 Wilshire Blvd
Los Angeles, CA 90017

Telephone Number: (213) 977-2121

67 Meets EMSA Pediatric Critical Care Center (PCCC) Standards
68 Most EMSA Emergency Department

Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards
Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

Facility: Greater El Monte Community Hospital	Telephone Number: (626) 579-7777
Address: 1701 Santa Anita Avenue South El Monte, CA 91733	

Written Contract:		Service:		Base Hospital:		Burn Center:		
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Referral Emergency	<input type="checkbox"/> Standby Emergency	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
		<input checked="" type="checkbox"/> Basic Emergency	<input type="checkbox"/> Comprehensive Emergency					
Pediatric Critical Care Center⁷⁰		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Trauma Center:		If Trauma Center what level:		
EDAP ⁷¹		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Level I	<input type="checkbox"/> Level II	
PICU ⁷²		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No			<input type="checkbox"/> Level III	<input type="checkbox"/> Level IV	
STEMI Center:		Stroke Center:						
<input type="checkbox"/> Yes		<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No				

⁷⁰ Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*

⁷¹ Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

⁷² Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

Facility: Henry Mayo Newhall Hospital
Address: 23845 West McBean Parkway
Valencia, CA 91355

Telephone Number: (661) 253-8000

Telephone Number: (661) 253-8000

<u>Written Contract:</u>		<u>Service:</u>		<u>Base Hospital:</u>		<u>Burn Center:</u>			
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Basic Emergency		<input type="checkbox"/> Standby Emergency <input type="checkbox"/> Comprehensive Emergency		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Pediatric Critical Care Center⁷³ EDAP⁷⁴ PICU⁷⁵				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Trauma Center: <input type="checkbox"/> Yes <input type="checkbox"/> No		If Trauma Center what level: <input type="checkbox"/> Level I <input type="checkbox"/> Level III <input checked="" type="checkbox"/> Level IV	
<u>STEMI Center:</u>		<u>Stroke Center:</u>							
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							

73 Meets EMSA Pediatric Critical Care Center (PCCC) Standards

74 Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards
75 Meets California Children Services (CCS) Pediatric Interactions Score (PIS) Standards

Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

Facility: Hollywood Presbyterian Medical Center
Address: 1300 North Vermont Avenue
Los Angeles, CA 90027

Telephone Number: (323) 413-3000

Telephone Number: (323) 413-3000

Telephone Number: (323) 413-3000

76 Meets EMSA Pediatric Critical Care Center (PCCC) Standards

Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

Facility: Huntington Hospital
Address: 100 West California Boulevard
Pasadena, CA 91105

Telephone Number: (626) 397-5000

<u>Written Contract:</u>	<u>Service:</u>		
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Referral Emergency <input checked="" type="checkbox"/> Basic Emergency	<input type="checkbox"/> Standby Emergency <input type="checkbox"/> Comprehensive Emergency	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
		<u>Base Hospital:</u>	
		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		<u>Burn Center:</u>	
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<u>Pediatric Critical Care Center</u> ⁷⁹			
<u>EDAP</u> ⁸⁰			
<u>PICU</u> ⁸¹			
<u>Trauma Center:</u>			
<u>If Trauma Center what level:</u>			
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
<input type="checkbox"/> Level I <input type="checkbox"/> Level III <input type="checkbox"/> Level IV			
<u>STEMI Center:</u>			
<u>Stroke Center:</u>			
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

79 Meets EMSA Pediatric Critical Care Center (PCCC) Standards

80 Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

⁸¹ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

Facility: Kaiser Foundation-Baldwin Park
Address: 1011 Baldwin Park Boulevard
Baldwin Park, CA 91706

Telephone Number: (626) 851-1011

Telephone Number: (626) 851-1011

<u>Written Contract:</u>	<u>Service:</u>		
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Referral Emergency <input checked="" type="checkbox"/> Basic Emergency	<input type="checkbox"/> Standby Emergency <input type="checkbox"/> Comprehensive Emergency	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<u>Pediatric Critical Care Center⁸²</u>		<u>Trauma Center:</u>	<u>If Trauma Center what level:</u>
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
<u>STEMI Center:</u>		<u>Stroke Center:</u>	
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

³² Meets EMSA Pediatric Critical Care Center (PCCC) Standards
³³ Meets EMSA Emergency Department Accreditation Standards

Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards
Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

³⁴ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

Facility: Kaiser Downey Medical Center
Address: 9333 Imperial Highway
Downey, CA 90242

Telephone Number: (562) 920-3023

Written Contract:		Service:		Base Hospital:		Burn Center:	
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Referral Emergency	<input type="checkbox"/> Standby Emergency	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
		<input checked="" type="checkbox"/> Basic Emergency	<input type="checkbox"/> Comprehensive Emergency				
Pediatric Critical Care Center⁸⁵		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Trauma Center:		If Trauma Center what level:	
EDAP ⁸⁶		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Level I	<input type="checkbox"/> Level II
PICU ⁸⁷		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Level III	<input type="checkbox"/> Level IV
STEMI Center:		Stroke Center:					
<input type="checkbox"/> Yes		<input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No			

⁸⁵ Meets EMSA *Pediatric Critical Care Center (PCCC)* Standards

⁸⁶ Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

⁸⁷ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

Facility: Kaiser Foundation-Los Angeles
Address: 4867 Sunset Boulevard
 Los Angeles, CA 90027

Telephone Number: (323) 783-4011

Written Contract:		Service:		Base Hospital:		Burn Center:	
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Referral Emergency	<input type="checkbox"/> Standby Emergency	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
		<input checked="" type="checkbox"/> Basic Emergency	<input type="checkbox"/> Comprehensive Emergency				
Pediatric Critical Care Center⁸⁸		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Trauma Center:		If Trauma Center what level:	
EDAP ⁸⁹		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Level I	<input type="checkbox"/> Level II
PICU ⁹⁰		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Level III	<input type="checkbox"/> Level IV
STEMI Center:		Stroke Center:					
<input type="checkbox"/> Yes		<input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No			

⁸⁸ Meets EMSA Pediatric Critical Care Center (PCCC) Standards

⁸⁹ Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

⁹⁰ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

Facility: Address:	Kaiser Foundation-Panorama City 13652 Cantara Street Panorama City, CA 91402																																																											
<table border="1"> <thead> <tr> <th colspan="2"><u>Written Contract:</u></th> <th colspan="2"><u>Service:</u></th> <th colspan="2"><u>Base Hospital:</u></th> <th colspan="2"><u>Burn Center:</u></th> </tr> </thead> <tbody> <tr> <td><input checked="" type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Referral Emergency</td> <td><input type="checkbox"/> Basic Emergency</td> <td><input type="checkbox"/> Standby Emergency</td> <td><input type="checkbox"/> Comprehensive Emergency</td> <td><input type="checkbox"/> Yes</td> <td><input checked="" type="checkbox"/> No</td> <td><input type="checkbox"/> Yes</td> <td><input checked="" type="checkbox"/> No</td> <td><input type="checkbox"/> Yes</td> <td><input checked="" type="checkbox"/> No</td> </tr> </tbody> </table> <table border="1"> <thead> <tr> <th colspan="3"><u>Pediatric Critical Care Center⁹¹</u></th> <th colspan="3"><u>Trauma Center:</u></th> <th colspan="3"><u>If Trauma Center what level:</u></th> </tr> </thead> <tbody> <tr> <td><input checked="" type="checkbox"/> EDAP⁹²</td> <td><input type="checkbox"/> Yes</td> <td><input checked="" type="checkbox"/> No</td> <td><input type="checkbox"/> Yes</td> <td><input checked="" type="checkbox"/> No</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Yes</td> <td><input checked="" type="checkbox"/> No</td> <td><input type="checkbox"/> Level I</td> <td><input type="checkbox"/> Level II</td> </tr> <tr> <td><input checked="" type="checkbox"/> PICU⁹³</td> <td><input type="checkbox"/> Yes</td> <td><input checked="" type="checkbox"/> No</td> <td><input type="checkbox"/> Yes</td> <td><input checked="" type="checkbox"/> No</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Yes</td> <td><input checked="" type="checkbox"/> No</td> <td><input type="checkbox"/> Level III</td> <td><input type="checkbox"/> Level IV</td> </tr> </tbody> </table> <table border="1"> <thead> <tr> <th colspan="2"><u>STEMI Center:</u></th> <th colspan="2"><u>Stroke Center:</u></th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> Yes</td> <td><input checked="" type="checkbox"/> No</td> <td><input checked="" type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> </tr> </tbody> </table>				<u>Written Contract:</u>		<u>Service:</u>		<u>Base Hospital:</u>		<u>Burn Center:</u>		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Referral Emergency	<input type="checkbox"/> Basic Emergency	<input type="checkbox"/> Standby Emergency	<input type="checkbox"/> Comprehensive Emergency	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<u>Pediatric Critical Care Center⁹¹</u>			<u>Trauma Center:</u>			<u>If Trauma Center what level:</u>			<input checked="" type="checkbox"/> EDAP ⁹²	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Level I	<input type="checkbox"/> Level II	<input checked="" type="checkbox"/> PICU ⁹³	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Level III	<input type="checkbox"/> Level IV	<u>STEMI Center:</u>		<u>Stroke Center:</u>		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<u>Written Contract:</u>		<u>Service:</u>		<u>Base Hospital:</u>		<u>Burn Center:</u>																																																						
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Referral Emergency	<input type="checkbox"/> Basic Emergency	<input type="checkbox"/> Standby Emergency	<input type="checkbox"/> Comprehensive Emergency	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No																																																	
<u>Pediatric Critical Care Center⁹¹</u>			<u>Trauma Center:</u>			<u>If Trauma Center what level:</u>																																																						
<input checked="" type="checkbox"/> EDAP ⁹²	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Level I	<input type="checkbox"/> Level II																																																			
<input checked="" type="checkbox"/> PICU ⁹³	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Level III	<input type="checkbox"/> Level IV																																																			
<u>STEMI Center:</u>		<u>Stroke Center:</u>																																																										
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No																																																									

⁹¹ Meets EMSA Pediatric Critical Care Center (PCCCC) Standards

⁹² Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

⁹³ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

⁹⁴ Meets EMSA Pediatric Critical Care Center (PCCC) Standards

²⁵ Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

Facility: Kaiser Foundation-West Los Angeles
Address: 6041 Cadillac Avenue
 Los Angeles, CA 90034

Telephone Number: (323) 857-2000

Written Contract:		Service:			
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency			
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Trauma Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Trauma Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Trauma Center:			
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Burn Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Burn Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Burn Center:			
		Pediatric Critical Care Center⁹⁷ EDAP⁹⁸ PICU⁹⁹			
		STEMI Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
		Stroke Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

⁹⁷ Meets EMSA *Pediatric Critical Care Center (PCCC)* Standards

⁹⁸ Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

⁹⁹ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

Facility: Kaiser Foundation-Woodland Hills
Address: 5601 De Soto Avenue
Woodland Hills

Telephone Number: (818) 719-2000

Telephone Number: (818) 719-2000

100 Meets EMSA Pediatric Critical Care Center (PCCC) Standards

- 10 Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards
- 102 Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

acute care

TABLE 9: FACILITIES

Facility: LAC Harbor-UCLA Medical Center
Address: 1000 West Carson Street
Torrance, Ca 90502

Telephone Number: (310) 222-2345

Written Contract:		Service:		Base Hospital:		Burn Center:	
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Referral Emergency	<input type="checkbox"/> Standby Emergency	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		<input checked="" type="checkbox"/> Basic Emergency	<input type="checkbox"/> Comprehensive Emergency			<input type="checkbox"/> Yes	<input type="checkbox"/> No
				Trauma Center:		If Trauma Center what level:	
		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Level I	<input type="checkbox"/> Level II
		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Level III	<input type="checkbox"/> Level IV
				STEMI Center:		Stroke Center:	
		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		

¹⁰³ Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*

¹⁰⁴ Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

¹⁰⁵ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

Facility: LAC Olive View Medical Center
Address: 14445 Olive View Drive
Sylmar, CA 91342

Telephone Number: (818) 364-1555

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<u>Written Contract:</u>		<u>Service:</u>		<u>Base Hospital:</u>		<u>Burn Center:</u>	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Basic Emergency		<input type="checkbox"/> Standby Emergency <input type="checkbox"/> Comprehensive Emergency		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Pediatric Critical Care Center¹⁰⁶ EDAP¹⁰⁷ PICU¹⁰⁸				<u>Trauma Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV	
<u>STEMI Center:</u>		<u>Stroke Center:</u>					
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

Meets EMSA Pediatric Critical Care Center (PCCC) Standards

Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards
Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

Facility: Address:	LAC+USC Medical Center 1200 North State Street Los Angeles, CA 90033			Telephone Number: (310) 226-2600
Written Contract:		Service:		Base Hospital:
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Referral Emergency <input checked="" type="checkbox"/> Basic Emergency	<input type="checkbox"/> Standby Emergency <input type="checkbox"/> Comprehensive Emergency	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
				Burn Center:
				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
				Burn Center:
				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
				If Trauma Center what level:
				<input checked="" type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
STEMI Center:		Stroke Center:		
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

¹⁰⁹ Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*

¹¹⁰ Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

¹¹¹ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

Facility: Lakewood Regional Medical Center
Address: 3700 East South Street
Lakewood, CA 90712

Telephone Number: (562) 531-2550

<u>Written Contract:</u>		<u>Service:</u>			<u>Base Hospital:</u>			<u>Burn Center:</u>															
<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Referral Emergency	<input type="checkbox"/>	Standby Emergency	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No								
				<input checked="" type="checkbox"/>	Basic Emergency	<input type="checkbox"/>	Comprehensive Emergency																
<u>Pediatric Critical Care Center</u> ¹¹² EDAP ¹¹³ PICU ¹¹⁴		<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No						
				<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	Level I	<input type="checkbox"/>	Level II	<input type="checkbox"/>	Level III	<input type="checkbox"/>	Level IV
<u>STEMI Center:</u>		<u>Stroke Center:</u>			<u>Trauma Center:</u>			<u>If Trauma Center what level:</u>															
		<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No						

¹¹² Meets EMSA Pediatric Critical Care Center (PCCC) Standards

¹¹³ Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

¹¹⁴ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

Facility: Los Angeles Community Hospital at Norwalk
Address: 13222 Bloomfield Avenue
 Norwalk, CA 90650

Telephone Number: (562) 863-4763

Written Contract:		Service:		Base Hospital:		Burn Center:		
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Referral Emergency	<input type="checkbox"/> Standby Emergency	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
		<input checked="" type="checkbox"/> Basic Emergency	<input type="checkbox"/> Comprehensive Emergency					
Pediatric Critical Care Center¹¹⁵		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Trauma Center:		If Trauma Center what level:		
EDAP ¹¹⁶		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Level I	<input type="checkbox"/> Level II	
PICU ¹¹⁷		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Level III	<input type="checkbox"/> Level IV	
STEMI Center:		Stroke Center:						
<input type="checkbox"/> Yes		<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No				

¹¹⁵ Meets EMSA *Pediatric Critical Care Center (PCCC)* Standards

¹¹⁶ Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

¹¹⁷ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

Facility: Long Beach Memorial Medical Center
Address: 2801 Atlantic Avenue
Long Beach, CA 90806

Telephone Number: (562) 933-2000

Telephone Number:

<u>Written Contract:</u>	<u>Service:</u>		
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Referral Emergency <input checked="" type="checkbox"/> Basic Emergency	<input type="checkbox"/> Standby Emergency <input type="checkbox"/> Comprehensive Emergency	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
		<u>Base Hospital:</u>	<u>Burn Center:</u>
		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<u>Pediatric Critical Care Center¹¹⁸</u>			
<u>EDAP¹¹⁹</u>			
<u>PICU¹²⁰</u>			
<u>Trauma Center:</u>			
<u>If Trauma Center what level:</u>			
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
<input type="checkbox"/> Level I <input type="checkbox"/> Level III <input type="checkbox"/> Level IV			
<u>Stroke Center:</u>			
<u>STEMI Center:</u>			
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

Meets EMA Pediatric Critical Care Center (PCCC) Standards

Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards
Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

Facility: Marina Del Rey Hospital
Address: 4650 Lincoln Boulevard
Marina Del Rey, CA 90291

Telephone Number: (310) 823-8911

Written Contract:		Service:		Base Hospital:		Burn Center:		
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Referral Emergency	<input type="checkbox"/> Standby Emergency	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
		<input checked="" type="checkbox"/> Basic Emergency	<input type="checkbox"/> Comprehensive Emergency					
Pediatric Critical Care Center¹²¹		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Trauma Center:		If Trauma Center what level:		
EDAP ¹²²		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Level I	<input type="checkbox"/> Level II	
PICU ¹²³		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No			<input type="checkbox"/> Level III	<input type="checkbox"/> Level IV	
STEMI Center:		Stroke Center:						
<input type="checkbox"/> Yes		<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No				

¹²¹ Meets EMSA Pediatric Critical Care Center (PCCC) Standards

¹²² Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

¹²³ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

Facility: Martin Luther King Jr Community Hospital
Address: 1680 East 120th Street
Los Angeles, CA 90059

Telephone Number: (424) 388-8000

Telephone Number:

Meets EMSA Pediatric Critical Care Center (PCCC) Standards

Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards
Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

Care Unit (PICU) standards

TABLE 9: FACILITIES

Facility: Memorial Hospital of Gardena
Address: 1145 West Redondo Beach Boulevard
Gardena, CA 90247

Telephone Number: (310) 532-4200

127 Meets EMSA Pediatric Critical Care Center (PCCC) Standards

Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards
Meets California Children Services (CCS) Pediatric Intensive Care Unit^{**} (PICU)

¹²³ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

Facility: Methodist Hospital of Southern California
Address: 300 West Huntington Drive
Arcadia, CA 91007

Telephone Number: (626) 898-8000

Telephone Number: (626) 898-8000

Telephone Number: (626) 898-8000

¹¹³⁰ Meets EMSA Pediatric Critical Care Center (PCCC) Standards

Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

Facility: Mission Community Hospital
Address: 14850 Roscoe Boulevard
 Panorama City, CA 91402

Telephone Number: (818) 787-2222

<u>Written Contract:</u>		<u>Service:</u>			<u>Base Hospital:</u>			<u>Burn Center:</u>					
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Referral Emergency	<input type="checkbox"/> Basic Emergency	<input type="checkbox"/> Standby Emergency	<input type="checkbox"/> Comprehensive Emergency	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		
Pediatric Critical Care Center ¹³³ EDAP ¹³⁴ PICU ¹³⁵						Trauma Center:			If Trauma Center what level:				
						<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Level I	<input type="checkbox"/> Level II		
						<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Level III	<input type="checkbox"/> Level IV		
<u>STEMI Center:</u>			<u>Stroke Center:</u>										
<input type="checkbox"/> Yes			<input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes			<input type="checkbox"/> No						

¹³³ Meets EMSA *Pediatric Critical Care Center (PCCC)* Standards

¹³⁴ Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

¹³⁵ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

Facility: Monterey Park Hospital
Address: 900 South Atlantic Boulevard
Monterey Park, CA 91754

Telephone Number: (626) 570-9000

136 Meets EMSA Pediatric Critical Care Center (PCCC) Standards

¹³⁷ Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards
¹³⁸ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

¹³ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

Facility: Northridge Hospital Medical Center
Address: 18300 Roscoe Boulevard
Northridge, CA 91328

Written Contract:		Service:		Base Hospital:		Burn Center:	
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Referral Emergency	<input type="checkbox"/> Standby Emergency	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
		<input checked="" type="checkbox"/> Basic Emergency	<input type="checkbox"/> Comprehensive Emergency			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Pediatric Critical Care Center¹³⁹		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Trauma Center:		If Trauma Center what level:	
EDAP ¹⁴⁰		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Level I	<input checked="" type="checkbox"/> Level II
PICU ¹⁴¹		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No			<input type="checkbox"/> Level III	<input type="checkbox"/> Level IV
STEMI Center:		Stroke Center:					
<input checked="" type="checkbox"/> Yes		<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No			

¹³⁹ Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*

¹⁴⁰ Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

¹⁴¹ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

Facility: Olympia Medical Center	Telephone Number: (310) 657-5900								
Address: 5900 West Olympic Boulevard Los Angeles, CA 90036									
<table border="1"> <thead> <tr> <th><u>Written Contract:</u></th> <th><u>Service:</u></th> <th><u>Base Hospital:</u></th> <th><u>Burn Center:</u></th> </tr> </thead> <tbody> <tr> <td> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No </td> <td> <input type="checkbox"/> Referral Emergency <input checked="" type="checkbox"/> Basic Emergency </td> <td> <input type="checkbox"/> Standby Emergency <input type="checkbox"/> Comprehensive Emergency </td> <td> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </td> </tr> </tbody> </table>		<u>Written Contract:</u>	<u>Service:</u>	<u>Base Hospital:</u>	<u>Burn Center:</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Referral Emergency <input checked="" type="checkbox"/> Basic Emergency	<input type="checkbox"/> Standby Emergency <input type="checkbox"/> Comprehensive Emergency	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<u>Written Contract:</u>	<u>Service:</u>	<u>Base Hospital:</u>	<u>Burn Center:</u>						
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Referral Emergency <input checked="" type="checkbox"/> Basic Emergency	<input type="checkbox"/> Standby Emergency <input type="checkbox"/> Comprehensive Emergency	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
<table border="1"> <thead> <tr> <th><u>Pediatric Critical Care Center¹⁴²</u></th> <th><u>Trauma Center:</u></th> <th><u>If Trauma Center what level:</u></th> </tr> </thead> <tbody> <tr> <td> <input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> Yes </td> <td> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </td> <td> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV </td> </tr> </tbody> </table>		<u>Pediatric Critical Care Center¹⁴²</u>	<u>Trauma Center:</u>	<u>If Trauma Center what level:</u>	<input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> Yes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV		
<u>Pediatric Critical Care Center¹⁴²</u>	<u>Trauma Center:</u>	<u>If Trauma Center what level:</u>							
<input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> Yes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV							
<table border="1"> <thead> <tr> <th><u>STEMI Center:</u></th> <th><u>Stroke Center:</u></th> </tr> </thead> <tbody> <tr> <td> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </td> <td> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </td> </tr> </tbody> </table>		<u>STEMI Center:</u>	<u>Stroke Center:</u>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
<u>STEMI Center:</u>	<u>Stroke Center:</u>								
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No								

¹⁴² Meets EMSA *Pediatric Critical Care Center (PCCC)* Standards

¹⁴³ Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

¹⁴⁴ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

Facility: Pacifica Hospital of the Valley	Telephone Number: (818) 767-3310		
Address: 9449 San Fernando Road Sun Valley, CA 91352			
Written Contract:	Service:	Base Hospital:	Burn Center:
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Referral Emergency <input checked="" type="checkbox"/> Basic Emergency	<input type="checkbox"/> Standby Emergency <input type="checkbox"/> Comprehensive Emergency	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Pediatric Critical Care Center¹⁴⁵	Trauma Center:	If Trauma Center what level:	
EDAP¹⁴⁶	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Level I	<input type="checkbox"/> Level II
PICU¹⁴⁷	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Level III	<input type="checkbox"/> Level IV
STEMI Center:	Stroke Center:		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

¹⁴⁵ Meets EMSA *Pediatric Critical Care Center (PCCC)* Standards

¹⁴⁶ Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

¹⁴⁷ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

Facility: Palmdale Regional Medical Center
Address: 38600 Medical Center Drive
Palmdale, CA 93551

Telephone Number: (661) 940-1498

38600 Medical Center Drive
Palmdale, CA 93551

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148 Meets EMSA Pediatric Critical Care Center (PCCC) Standards

¹⁴⁹ Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards
¹⁵⁰ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

Intensive Care Unit (ICU) standards

TABLE 9: FACILITIES

Facility: Pomona Valley Hospital Medical Center
Address: 1768 North Garey Avenue
Pomona, CA 91767

Telephone Number: (909) 623-8715

Telephone Number: (909) 623-8715

Telephone Number: (909) 623-8715

151 Meets EMSA Pediatric Critical Care Center (PCCC) Standards
152 Meets EMSA Emergency Department Requirements for Pediatric

Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

¹³³ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

Facility: PIH Health Hospital-Downey
Address: 11500 Brookshire Avenue
Downey, CA 90241

Telephone Number: (562) 904-5000

Telephone Number:

154 Meets EMSA Pediatric Critical Care Center (PCCC) Standards

Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards
Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

Facility: PIH Health Hospital-Whittier
Address: 12401 East Washington Boulevard
Whittier, CA 90602

Telephone Number: (562) 698-0811

Telephone Number: (562) 698-0811

157 Meets EMSA Pediatric Critical Care Center (PCCC) Standards
158 Meets EMSA Emergency Departments Approved for Pediatric

¹³⁰ Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards
¹⁵⁵⁹ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Stan

Care Unit (PICU) Standards

TABLE 9: FACILITIES

Facility: Providence Holy Cross Medical Center
Address: 15031 Rinaldi Street
Mission Hills, CA 91345

Telephone Number: (818) 365-8051

Written Contract:		Service:			Base Hospital:		Burn Center:	
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Referral Emergency	<input type="checkbox"/> Standby Emergency	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
		<input checked="" type="checkbox"/> Basic Emergency	<input type="checkbox"/> Comprehensive Emergency					
					Trauma Center:		If Trauma Center what level:	
		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Level I	<input checked="" type="checkbox"/> Level II
		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> Level III	<input type="checkbox"/> Level IV
					Stroke Center:			
		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No			

¹⁶⁰ Meets EMSA Pediatric Critical Care Center (PCCC) Standards

¹⁶¹ Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

¹⁶² Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

Facility: Providence Little Company of Mary Medical Center San Pedro
Address: 1300 West Seventh Street
San Pedro, CA 90732
Telephone Number: (310) 832-3311

Meets EMSA Pediatric Critical Care Center (PCCC) Standards

Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

Care Unit (PICU) Standards

TABLE 9: FACILITIES

Facility:	Providence Little Company of Mary Medical Center Torrance
Address:	4101 Torrance Boulevard Torrance, CA 90503
Telephone Number:	(310) 540-7676

<u>Written Contract:</u>	<u>Service:</u>		
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Referral Emergency <input checked="" type="checkbox"/> Basic Emergency	<input type="checkbox"/> Standby Emergency <input type="checkbox"/> Comprehensive Emergency	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
		<u>Base Hospital:</u>	<u>Burn Center:</u>
		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<u>Pediatric Critical Care Center¹⁶⁶</u>			
<u>EDAP¹⁶⁷</u>			
<u>PICU¹⁶⁸</u>			
<u>Trauma Center:</u>			
<u>If Trauma Center what level:</u>			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<u>Stroke Center:</u>			
<u>STEMI Center:</u>			
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

166 Meets EMSA Pediatric Critical Care Center (PCCC) Standards

167 Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

Facility: Providence Saint John's Health Center
Address: 2121 Santa Monica Boulevard
Santa Monica, CA 90404

Telephone Number: (310) 829-5511

Telephone Number: (310) 829-5511

<u>Written Contract:</u>		<u>Service:</u>		<u>Base Hospital:</u>		<u>Burn Center:</u>	
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Referral Emergency	<input type="checkbox"/> Standby Emergency	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
		<input type="checkbox"/> Basic Emergency		<input type="checkbox"/> Comprehensive Emergency			
<u>Pediatric Critical Care Center¹⁶⁹</u>				<u>Trauma Center:</u>		<u>If Trauma Center what level:</u>	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Level I <input type="checkbox"/> Level III <input type="checkbox"/> Level IV	
<u>EDAP¹⁷⁰</u>							
<u>PICU¹⁷¹</u>							
<u>STEMI Center:</u>		<u>Stroke Center:</u>					
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					

1169 Meets EMSA Pediatric Critical Care Center (PCCC) Standards
1170 Meets EMSA Emergency Department Requirements Approved for Pediatric

Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards
Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards
171

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TABLE 9: FACILITIES

Facility: Providence Saint Joseph Medical Center
Address: 501 South Buena Vista Street
Burbank, CA 91505

Telephone Number: (818) 843-5111

1172 Meets EMSA Pediatric Critical Care Center (PCCC) Standards
1173 Meets EMSA Emergency Department Acuity for Pediatric

^{1/3} Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards
⁷⁴ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

Care Unit (PICU) standards

TABLE 9: FACILITIES

Facility: Providence Tarzana Medical Center	Telephone Number: (818) 881-0800
Address: 18321 Clark Street Tarzana, CA 91356	

Written Contract:	Service:			Base Hospital:	Burn Center:	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Referral Emergency <input checked="" type="checkbox"/> Basic Emergency	<input type="checkbox"/> Standby Emergency <input type="checkbox"/> Comprehensive Emergency	<input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Pediatric Critical Care Center ¹⁷⁵ EDAP ¹⁷⁶ PICU ¹⁷⁷			<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> No	Trauma Center:	If Trauma Center what level:
			<input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
STEMI Center:		Stroke Center:				
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				

¹⁷⁵ Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*

¹⁷⁶ Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

¹⁷⁷ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

Facility: Ronald Regan UCLA Medical Center
Address: 757 Westwood Plaza
Los Angeles, CA 90095

Telephone Number: (310) 825-9111

757 Westwood Plaza
Los Angeles, CA 90095

178 Meets EMSA Pediatric Critical Care Center (PCCC) Standards

Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

180 Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

Facility: St. Francis Medical Center
Address: 3630 East Imperial Highway
Lynwood, CA 90622

Telephone Number: (310) 900-8900

<u>Written Contract:</u>	<u>Service:</u>	<u>Base Hospital:</u>	<u>Burn Center:</u>	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Basic Emergency	<input type="checkbox"/> Standby Emergency <input type="checkbox"/> Comprehensive Emergency	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<u>Pediatric Critical Care Center¹⁸¹</u> <u>EDAP¹⁸²</u> <u>PICU¹⁸³</u>		<u>Trauma Center:</u>	<u>If Trauma Center what level:</u>	
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Level I <input type="checkbox"/> Level III <input checked="" type="checkbox"/> Level IV
<u>STEMI Center:</u>		<u>Stroke Center:</u>		
		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

181 Meets EMSA Pediatric Critical Care Center (PCCC) Standards
 182 Meets EMSA Emergency Department Approved for Pediatric

Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards
Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

Meets California Childcare Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

Facility: St. Mary Medical Center
Address: 1050 Linden Avenue
Long Beach, CA 90813

Telephone Number: (562) 491-9000

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<u>Written Contract:</u>	<u>Service:</u>		
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Referral Emergency	<input type="checkbox"/> Basic Emergency	<input type="checkbox"/> Standby Emergency <input type="checkbox"/> Comprehensive Emergency
		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
		<u>Base Hospital:</u>	<u>Burn Center:</u>
		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		<u>Trauma Center:</u>	<u>If Trauma Center what level:</u>
Pediatric Critical Care Center¹⁸⁴		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Level I
EDAP¹⁸⁵		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Level II
PICU¹⁸⁶		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Level III
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Level IV
		<u>Stroke Center:</u>	
		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

184 Meets EMSA Pediatric Critical Care Center (PCCC) Standards

Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

Facility: St. Vincent Medical Center
Address: 2131 West 3rd Street
Los Angeles, CA 90057

Telephone Number: (213) 484-7111

187 Meets EMSA Pediatric Critical Care Center (PCCC) Standards
188 Meets EMSA Emergency Departments Approved for Pediatric

Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standard
189 Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standard

Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

Facility: San Dimas Community Hospital	Telephone Number: (909) 599-6811
Address: 1350 West Covina Boulevard San Dimas, CA 91773	

<u>Written Contract:</u>		<u>Service:</u>		<u>Base Hospital:</u>		<u>Burn Center:</u>		
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Referral Emergency	<input type="checkbox"/> Standby Emergency	<input type="checkbox"/>	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
		<input checked="" type="checkbox"/> Basic Emergency	<input type="checkbox"/> Comprehensive Emergency				<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<u>Pediatric Critical Care Center¹⁹⁰</u> <u>EDAP¹⁹¹</u> <u>PICU¹⁹²</u>		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<u>Trauma Center:</u>	<u>If Trauma Center what level:</u>			
		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Level I	<input type="checkbox"/> Level II	
		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/> Level III	<input type="checkbox"/> Level IV		
<u>STEMI Center:</u>		<u>Stroke Center:</u>						
		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No			

¹⁹⁰ Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*

¹⁹¹ Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

¹⁹² Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

Facility: San Gabriel Valley Medical Center
Address: 438 West La Tunas Drive
San Gabriel, CA 91776

Telephone Number: (626) 289-5454

Telephone Number: (626) 289-5454

1993 Meets EMSA Pediatric Critical Care Center (PCCC) Standards

194 Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards
195 Meets California Children Services (CCS) Pediatric Interactive Care Unit (PICU) Standards

Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

Facility: Santa Monica-UCLA Medical Center
Address: 1250 16th Street
Santa Monica, CA 90404

Telephone Number: (310) 319-4000

<u>Written Contract:</u>		<u>Service:</u>		<u>Base Hospital:</u>		<u>Burn Center:</u>	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<u>Pediatric Critical Care Center¹⁹⁶</u>				<u>Trauma Center:</u>		<u>If Trauma Center what level:</u>	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV	
<u>STEMI Center:</u>		<u>Stroke Center:</u>					
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					

Meets EMSA Pediatric Critical Care Center (PCCC) Standards

Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards
Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

Facility: Sherman Oaks Hospital
Address: 4929 Van Nuys Boulevard
Sherman Oaks, CA 91403

Telephone Number: (818) 981-7111

Telephone Number: (818) 981-7111

<u>Written Contract:</u>		<u>Service:</u>		<u>Base Hospital:</u>		<u>Burn Center:</u>					
<input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No	<input type="checkbox"/> Referral Emergency	<input type="checkbox"/> Basic Emergency	<input type="checkbox"/> Standby Emergency	<input type="checkbox"/> Comprehensive Emergency	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<u>Pediatric Critical Care Center¹⁹⁹</u>				<u>Trauma Center:</u>		<u>If Trauma Center what level:</u>					
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV					
<u>STEMI Center:</u>		<u>Stroke Center:</u>									
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No									

199 Meets EMSA Pediatric Critical Care Center (PCCC) Standards

200 Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

Facility: Southern California Hospital at Culver City
Address: 3828 Delmas Terrace
Culver City, CA 90231

Telephone Number: (310) 836-7000

Meets EMSA Pediatric Critical Care Center (PCCC) Standards

Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

Facility: Torrance Memorial Medical Center
Address: 3330 West Lomita Boulevard
Torrance, CA 90505

Telephone Number: (310) 325-9110

Telephone Number: (310) 325-9110

<u>Written Contract:</u>	<u>Service:</u>		
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Referral Emergency <input checked="" type="checkbox"/> Basic Emergency	<input type="checkbox"/> Standby Emergency <input type="checkbox"/> Comprehensive Emergency	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	<u>Base Hospital:</u>		
	<u>Burn Center:</u>		
<u>Pediatric Critical Care Center²⁰⁵</u> <u>EDAP²⁰⁶</u> <u>PICU²⁰⁷</u>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> No	<u>Trauma Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	<u>If Trauma Center what level:</u>		
	<input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV		
<u>STEMI Center:</u>	<u>Stroke Center:</u>		
	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

Meets EMSA Pediatric Critical Care Center (PCCC) Standards

2016 Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards
2017 Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

Meets California Children Services (CCS) Pediatric Intensive Care Unit (PCU) Standards

TABLE 9: FACILITIES

Facility: USC Verdugo Hills Hospital	Telephone Number: (818) 790-7100
Address: 18112 Verdugo Boulevard Glendale, CA 91208	

Written Contract:		Service:				Base Hospital:		Burn Center:	
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Referral Emergency	<input type="checkbox"/> Basic Emergency	<input type="checkbox"/> Standby Emergency	<input type="checkbox"/> Comprehensive Emergency	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Pediatric Critical Care Center ²⁰⁸ EDAP ²⁰⁹ PICU ²¹⁰						<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
						<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
STEMI Center:		Stroke Center:				If Trauma Center what level:			
<input type="checkbox"/> Yes		<input checked="" type="checkbox"/> No				<input type="checkbox"/> Level I	<input type="checkbox"/> Level II	<input type="checkbox"/> Level III	<input type="checkbox"/> Level IV

²⁰⁸ Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*

²⁰⁹ Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

²¹⁰ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

Facility:	Valley Presbyterian Hospital		
Address:	15107 Vanowen Street Van Nuys, CA 91405		
Telephone Number: (818) 782-6600			

Written Contract:		Service:		Base Hospital:		Burn Center:							
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Referral Emergency	<input type="checkbox"/> Standby Emergency	<input type="checkbox"/>	<input checked="" type="checkbox"/> No	<input type="checkbox"/>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Basic Emergency	<input type="checkbox"/> Comprehensive Emergency										
Pediatric Critical Care Center²¹¹				<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Trauma Center:		If Trauma Center what level:					
EDAP ²¹²				<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/>	<input checked="" type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/> Level I	<input type="checkbox"/>	<input type="checkbox"/> Level II		
PICU ²¹³				<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Level III	<input type="checkbox"/>	<input type="checkbox"/> Level IV		
STEMI Center:		Stroke Center:											
<input checked="" type="checkbox"/> Yes		<input type="checkbox"/> No			<input checked="" type="checkbox"/> Yes		<input type="checkbox"/> No						

²¹¹ Meets EMSA *Pediatric Critical Care Center (PCCC)* Standards

²¹² Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

²¹³ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

Facility: West Hills Hospital and Medical Center
Address: 7300 Medical Center Drive
West Hills, CA 91307

Telephone Number: (818) 676-4000

Telephone Number: (818) 676-4000

Meets EMSA Pediatric Critical Care Center (PCCC) Standards

Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standard
Meets California Children's Services (CCS) Pediatric Intensive Care Unit (PICU) Standard

Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

Facility: White Memorial Medical Center
Address: 1720 Cesar Chavez Avenue
Los Angeles, CA 90033

Telephone Number: (323) 268-5000

217 Meets EMSA Pediatric Critical Care Center (PCCC) Standards

218 Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

219 Meets California Children's Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

Facility: Whittier Hospital Medical Center	Telephone Number: (562) 945-3561
Address: 9080 Colima Road Whittier, CA 90605	

Written Contract:		Service:		Base Hospital:		Burn Center:	
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Referral Emergency	<input type="checkbox"/> Standby Emergency	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
		<input checked="" type="checkbox"/> Basic Emergency	<input type="checkbox"/> Comprehensive Emergency				
Pediatric Critical Care Center²²⁰ EDAP²²¹ PICU²²²		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Trauma Center:		If Trauma Center what level:	
		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Level I	<input type="checkbox"/> Level II
		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No			<input type="checkbox"/> Level III	<input type="checkbox"/> Level IV
STEMI Center:		Stroke Center:					
<input type="checkbox"/> Yes		<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No			

²²⁰ Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*

²²¹ Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

²²² Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

Los Angeles County Trauma Centers

Trauma Centers As of 2017

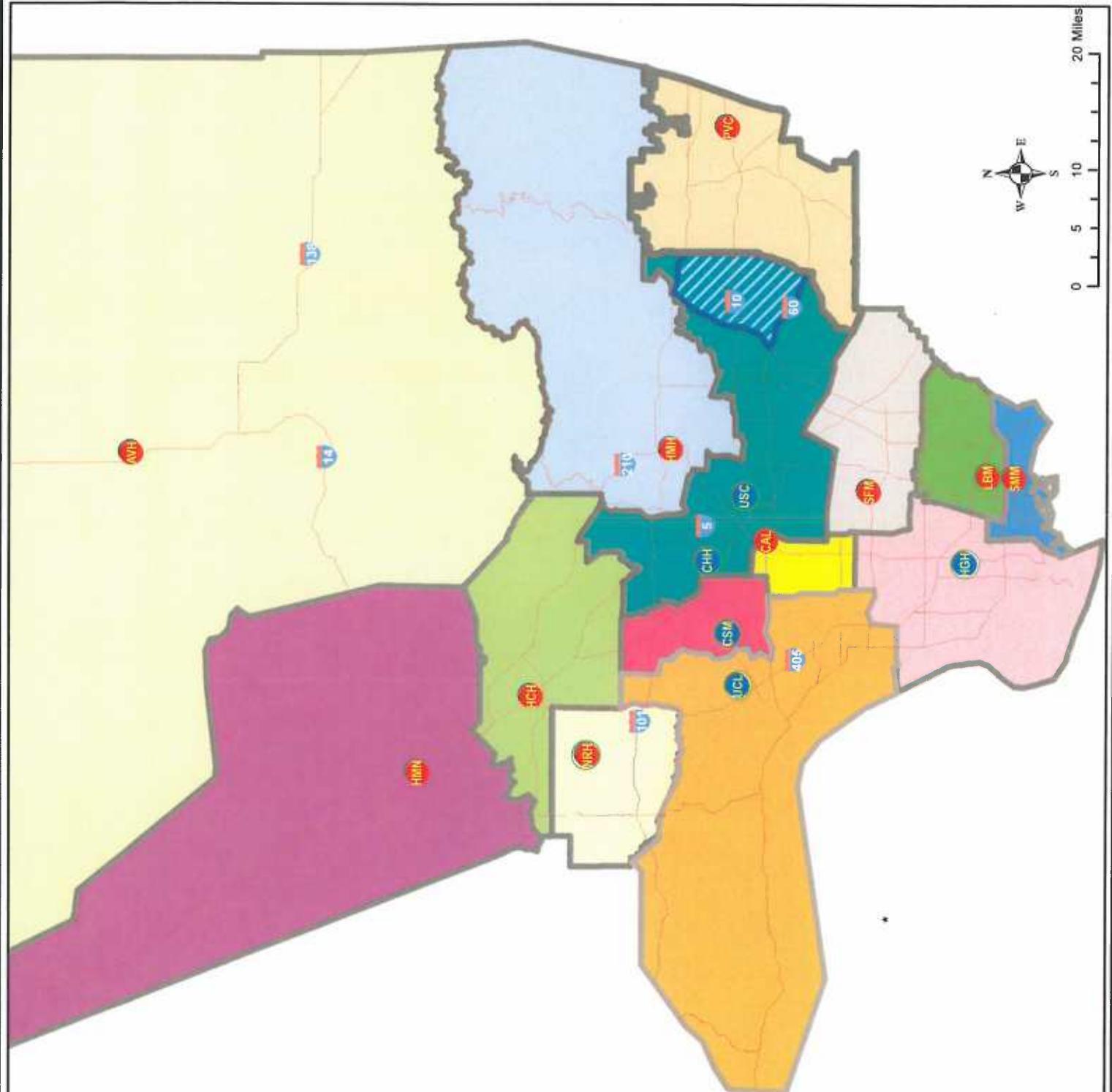
Code	Name
AVH	Antelope Valley Hospital
CAL	California Hospital Medical Center
CHH	Children's Hospital Los Angeles
CSM	Cedars Sinai Medical Center
HCH	Providence Holy Cross Medical Center
HGH	LAC/Harbor-UCLA Medical Center
HMH	Huntington Hospital
HMN	Henry Mayo Newhall Hospital
LBM	Long Beach Memorial Medical Center
NRH	Northridge Hospital Medical Center
PVC	Pomona Valley Hospital Medical Center
SFM	Saint Francis Medical Center
SMM	Saint Mary Medical Center
UCL	Ronald Reagan UCLA Medical Center
USC	LAC+USC Medical Center

Trauma Centers

- LEVEL I/PTC
- LEVEL II
- LEVEL III/PTC
- PVC_USC_shared



TraumaAll_032817

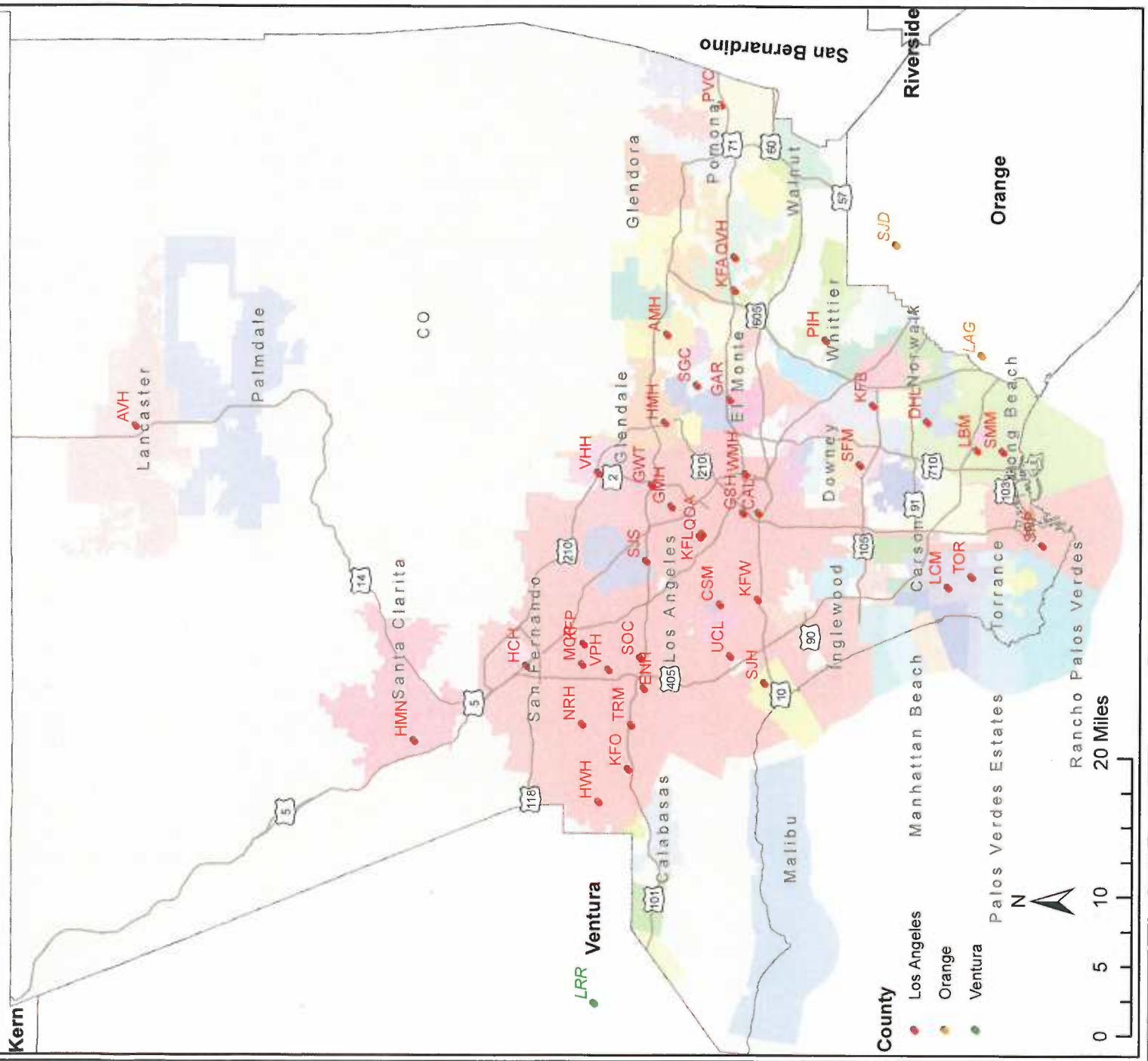




Stroke Centers As Of 07/05/2016

Code	Hospital Name
AMH	Methodist Hospital of Southern California
AVH	Antelope Valley Hospital
CAL	California Hospital Medical Center
CSM	Cedars Sinai Medical Center
DHL	Lakewood Regional Medical Center
ENH	Encino Hospital Medical Center
GAR	Garfield Medical Center
GMH	Glendale Memorial Hospital and Health Center
GSH	Good Samaritan Hospital
GWT	Glendale Adventist Medical Center
HCH	Providence Holy Cross Medical Center
HMH	Huntington Hospital
HMN	Henry Mayo Newhall Hospital
HWH	West Hills Hospital and Medical Center
KFA	Kaiser Foundation Hospital - Baldwin Park
KFB	Kaiser Foundation Hospital - Downey
KFL	Kaiser Foundation Hospital - Sunset (Los Angeles)
KFO	Kaiser Foundation Hospital - Woodland Hills
KFP	Kaiser Foundation Hospital - Panorama City
KFW	Kaiser Foundation Hospital - West Los Angeles
LAG	Los Alamitos Medical Center
LBM	Long Beach Memorial Medical Center
LCM	Providence Little Company of Mary Medical Center-Torrance
LRR	Los Robles Hospital & Medical Center
MCP	Mission Community Hospital
NRH	Northridge Hospital Medical Center
PHH	PH Health Hospital - Whittier
PVC	Pomona Valley Hospital Medical Center
QOA	Hollywood Presbyterian Medical Center
QVH	Citrus Valley Medical Center - Queen of the Valley Campus
SFM	Saint Francis Medical Center
SGB	San Gabriel Valley Medical Center
SJD	St. Jude Medical Center
SJH	Providence Saint John's Health Center
SIS	Providence Saint Joseph Medical Center
SMM	Saint Mary Medical Center
SOC	Sherman Oaks Hospital
SPP	Providence Little Company of Mary Medical Center-San Pedro
TOR	Torrance Memorial Medical Center
TRM	Providence Tarzana Medical Center
UCL	Ronald Reagan UCLA Medical Center
VHH	USC Verdugo Hills Hospital
VPH	Valley Presbyterian Hospital
WMH	White Memorial Medical Center

file:Stroke_063016



LOS ANGELES COUNTY

ST ELEVATION MYOCARDIAL INFARCTION APPROVED RECEIVING CENTERS

SRCs As of March 1, 2014

Code **HospName**

AMH	Methodist Hospital of Southern California
AVH	Antelope Valley Hospital
BEV	Beverly Hospital
CSM	Cedars Sinai Medical Center
DHL	Lakewood Regional Medical Center
GAR	Garfield Medical Center
GMH	Glendale Memorial Hospital and Health Center
GSH	Good Samaritan Hospital
GWT	Glendale Adventist Medical Center
HCH	Providence Holy Cross Medical Center
HGH	LACHarbor-UCLA Medical Center
HMH	Huntington Memorial Hospital
HMN	Henry Mayo Newhall Memorial Hospital
HWH	West Hills Hospital and Medical Center
ICH	Citrus Valley Medical Center - Inter-Community Campus
LBM	Long Beach Memorial Medical Center
LCH	Palmdale Adventist Medical Center
LCM	Providence Little Company of Mary Medical Center-Torrance
LRR	Los Robles Hospital & Medical Center
NRH	Northridge Hospital Medical Center
PIH	PIH Health Hospital - Whittier
PVC	Pomona Valley Hospital Medical Center
QOA	Hollywood Presbyterian Medical Center
SFM	Saint Francis Medical Center
SJD	St.Jude Medical Center
SJH	Providence Saint John's Health Center
SJS	Providence Saint Joseph Medical Center
SMH	Santa Monica-UCLA Medical Center & Orthopaedic Hospital
SMM	Saint Mary Medical Center
TOR	Torrance Memorial Medical Center
TRM	Providence Tarzana Medical Center
UCL	Ronald Reagan UCLA Medical Center
USC	LAC-USC Medical Center
VPH	Valley-Presbyterian Hospital
WMH	White Memorial Medical Center

County

- Los Angeles
- Orange
- Ventura

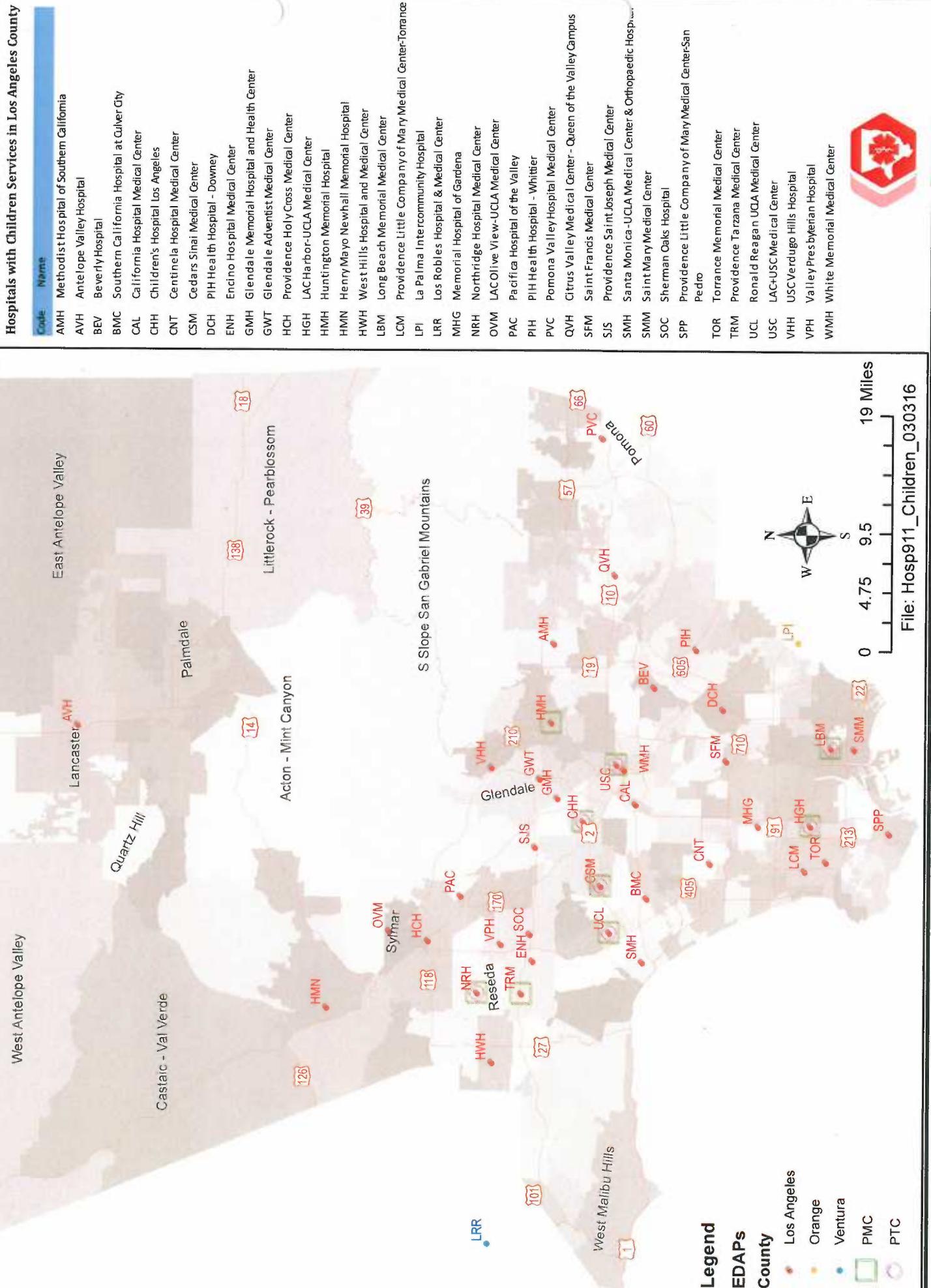
San Bernardino

Riverside

Orange

20 Miles

Hospitals with Children Services in Los Angeles County





**Los Angeles County – Department of Health Services
EMERGENCY MEDICAL SERVICES PLAN
ANNUAL UPDATE 2016
(Fiscal Year 2015-16)**



Table 10 – RESOURCE DIRECTORY – Approved Training Programs

EMS System: Los Angeles County

Reporting Year: Fiscal Year 2015-16

Training Institution Name/Address		Program Director/Telephone Number	
Alhambra Unified School District 1515 W Mission Road Alhambra, CA 91803		Name: Judy Huffaker Office: 626.943.6990 Fax: 626.308.2585 e-mail: judy@ausd.us	
Student Eligibility: Open to the general public and AUSD students 18 years of age	Cost of Program: Basic: \$100 Free for AUSD students Refresher: N/A	Program Level: EMT Number of students completing training per year: Initial training: 12 Refresher: 0 Expiration date: 12/31/2017 Number of courses: Initial training: 1 Refresher: 0	
Training Institution Name/Address		Program Director/Telephone Number	
Antelope Valley College 3041 West Avenue K Lancaster, CA 93536		Name: Jeff Stephens Office: 661.722.6300 x6139 Fax: 661.722.6403 e-mail: jstephens@avc.edu	Program Level: EMT Number of students completing training per year: Initial training: 37 Refresher: 0 Expiration date: 12/31/2017 Number of courses: Initial training: 2 Refresher: 0
Student Eligibility: Advisory: Eligibility for ENGL 099, READ 099 and MATH 065	Cost of Program: Basic: \$253 Textbook(s): \$315.97 Refresher: n/a		

Table 10 – RESOURCE DIRECTORY – Approved Training Programs

Training Institution Name/Address	Program Director/Telephone Number
Antelope Valley ROP 1156 E. Avenue S Palmdale, CA 93550	<p>Name: Christy Chacon Office: 661.575.1010 Fax: 661.575.1037 e-mail: cchacon@avhsd.org</p> <p>Student Eligibility: Open to the public</p> <p>Cost of Program: Basic: \$500 Refresher: n/a</p> <p>Program Level: EMT</p> <p>Number of students completing training per year: Initial training: 74 Refresher: 0 Expiration date: 12/31/2017</p> <p>Number of courses: Initial training: 4 Refresher: 0</p>

Training Institution Name/Address	Program Director/Telephone Number
Beverly Hills Fire Department 445 North Rexford Drive Beverly Hills, CA 90210	<p>Name: Sean Stokes Office: 310.281.2733 Fax: 310.278.2449 e-mail: sstokes@beverlyhills.org</p> <p>Student Eligibility: Restricted to Beverly Hills Fire Department personnel</p> <p>Cost of Program: Basic: n/a Refresher: n/a</p> <p>Program Level: EMT</p> <p>Number of students completing training per year: Initial training: 0 Refresher: 85 Expiration date: 12/31/2017</p> <p>Number of courses: Initial training: 0 Refresher: 1</p>

Table 10 – RESOURCE DIRECTORY – Approved Training Programs

Training Institution Name/Address		Program Director/Telephone Number
Burbank Fire Department 311 E. Orange Grove Avenue Burbank, CA 91502		Name: Susan Hayward Office: 818.238.3453 Fax: 818.238.3483 e-mail: shayward@burbankca.gov
Student Eligibility: Restricted to Burbank Fire Department personnel	Cost of Program: Basic: n/a Refresher: n/a	<u>Program Level:</u> EMT Number of students completing training per year: Initial training: 0 Refresher: 120 Expiration date: 12/31/2017
		Number of courses: Initial training: 0 Refresher: 1
Training Institution Name/Address		Program Director/Telephone Number
California Institute of EMT 2669 Myrtle Avenue, #201 Long Beach, CA 90755		Name: Matthew Goodman Office: 562.989.1520 Fax: 562.989.9020 e-mail: admin@clement.com
Student Eligibility: Open to the general public	Cost of Program: Basic: \$895 Refresher: \$180	<u>Program Level:</u> EMT Number of students completing training per year: Initial training: 685 Refresher: 131 Expiration date: 12/31/2017
		Number of courses: Initial training: 31 Refresher: 6

Table 10 – RESOURCE DIRECTORY – Approved Training Programs

Training Institution Name/Address	Program Director/Telephone Number		
California State University – Long Beach 6300 State University Drive, Foundation Suite 104 Long Beach, CA 90815	Name: Peter Kreyza Office: 562.985.8111 Fax: 562.985.4414 e-mail: peter.kreyza@csulb.edu	Program Level: EMT	Number of students completing training per year: Initial training: 85 Refresher: 0 Expiration date: 11/30/2018
Student Eligibility: Open to the general public	Cost of Program: Basic: \$1195 Refresher: n/a	Number of courses: Initial training: 5 Refresher: 0	
Training Institution Name/Address	Program Director/Telephone Number		
Charter College 19034 Soledad Canyon Rd Canyon Country, CA 91351	Name: Justin Johnson Office: 805.827.6367 Fax: 805.973.1241 e-mail: justin.johnson@chartercollege.edu	Program Level: EMT	Number of students completing training per year: Initial training: 50 Refresher: 0 Expiration date: 4/30/2019Anne
Student Eligibility: Open to the general public	Cost of Program: Basic: \$1750 Refresher: TBD	Number of courses: Initial training: 2 Refresher: 0	

Table 10 - Page 4 of 21

Table 10 – RESOURCE DIRECTORY – Approved Training Programs

Training Institution Name/Address	Program Director/Telephone Number
Citrus College 1000 West Foothill Blvd Glendora, CA 91741	Name: Cliff Hadsell, PhD Office: 626.221.4183 Fax: 626.914.8724 e-mail: chadsell@citruscollege.edu

Training Institution Name/Address	Program Director/Telephone Number
College of the Canyons 26455 Rockwell Canyon Road Santa Clarita, CA 91355-1899 www.canyons.edu/EMT	Name: Patti Haley Office: 661.362.5804 Fax: 661.365.5438 e-mail: patti.haley@canyons.edu

Table 10 – RESOURCE DIRECTORY – Approved Training Programs

Training Institution Name/Address	Program Director/Telephone Number
Culver City Fire Department 9770 Culver Blvd Culver City, CA 90230	Name: Brian Sua Office: 310.253.5912 Fax: 310.253.5901 e-mail: brian.sua@culvercity.org
Student Eligibility: Restricted to Culver City Fire Department personnel	<p>Cost of Program:</p> <p>Basic: n/a Refresher: n/a</p> <p>Number of courses:</p> <p>Initial training: 0 Refresher: 1</p> <p><u>Program Level:</u> EMT</p> <p>Number of students completing training per year:</p> <p>Initial training: 0 Refresher: 11 Expiration date: 12/31/2017</p>

Training Institution Name/Address	Program Director/Telephone Number
Downey Adult School 12340 Woodruff Avenue Downey, CA 90241	Name: Mariana Pacheco Office: 562.940.6277 Fax: 562.940.6250 e-mail: mpacheco@das.edu
Student Eligibility: Open to the general public 18 years of age or older Background check High School Diploma	<p>Cost of Program:</p> <p>Basic: \$1,099 Refresher: N/A</p> <p><u>Program Level:</u> EMT</p> <p>Number of students completing training per year:</p> <p>Initial training: 13 Refresher: 0 Expiration date: 12/31/2017</p> <p>Number of courses:</p> <p>Initial training: 1 Refresher: 0</p>

Table 10 – RESOURCE DIRECTORY – Approved Training Programs

Training Institution Name/Address	Program Director/Telephone Number
East Los Angeles College 1301 Avenida Cesar Chavez Monterey Park, CA 91754	Name: Cheryl Pittman Office: 323.267.3793 Fax: 323.265.8619 e-mail: pittmac@elac.edu
Student Eligibility: Open to the general public	Cost of Program: Basic: \$368 Refresher: n/a

Training Institution Name/Address	Program Director/Telephone Number
East San Gabriel Valley ROP and Technical Center 1501 West Del Norte Street West Covina, CA 91790	Name: Ethel Fimbres Office: 626.472.5195 Fax: 626.472.5148 e-mail: efimbres@esqrop.org
Student Eligibility: Open to the general public	Cost of Program: Basic: unk Refresher: unk

Table 10 – RESOURCE DIRECTORY – Approved Training Programs

Training Institution Name/Address		Program Director/Telephone Number
El Camino College 16007 Crenshaw Blvd. Torrance, CA 90506		<p>Name: Ryan Carey Office: 310-660-3616 Fax: 310.660.3106 e-mail: rcarey@elcamino.edu</p> <p><u>Student Eligibility:</u> Open to El Camino enrolled students BLS for Healthcare Provider Background check</p> <p><u>Cost of Program:</u> Basic: \$800 Refresher: n/a</p> <p><u>Number of courses:</u> Initial training: 12 Refresher: 0</p>

Training Institution Name/Address		Program Director/Telephone Number
Glendale Community College 1500 N. Verdugo Road Glendale, CA 91208		<p>Name: Richard Hayne Office: 818.521.9739 Fax: 818.847.3865 e-mail: hayne.richard@gmail.com</p> <p><u>Student Eligibility:</u> Open to Glendale Community College enrolled students</p> <p><u>Cost of Program:</u> Basic: \$840 Refresher: \$150</p> <p><u>Number of courses:</u> Initial training: 2 Refresher: 4</p>

Table 10 – RESOURCE DIRECTORY – Approved Training Programs

Training Institution Name/Address	Program Director/Telephone Number
Glendale Fire Department 420 Oak Street Glendale, CA 91204	Name: William Lynch Office: 818.550.5632 Fax: 818.409.7111 e-mail: blynch@glendaleca.gov

Training Institution Name/Address	Program Director/Telephone Number
Restricted to City of Glendale Fire Department	Program Level: EMT Number of students completing training per year: Initial training: 0 Refresher: unk Expiration date: 12/31/2017

Table 10 – RESOURCE DIRECTORY – Approved Training Programs

Training Institution Name/Address	Program Director/Telephone Number
Long Beach Fire Department 3205 Lakewood Blvd Long Beach, CA 90808-1733	Name: Joanne Dolan Office: 562.570.2547 Fax: 562.570.2564 e-mail: joanne.dolan@longbeach.gov
Student Eligibility: Restricted to Long Beach Fire Department personnel and Search and Rescue volunteers	Cost of Program: Basic: n/a Refresher: n/a
	Program Level: EMT Number of students completing training per year: Initial training: 13 Refresher: 55 Expiration date: 12/31/2017
Number of courses: Initial training: 1 Refresher: 3	
Training Institution Name/Address	Program Director/Telephone Number
Los Angeles Fire Department 1700 Stadium Way, Room 100 Los Angeles, CA 90012	Name: Stacy Gerlich Office: 213.893.9869 Fax: 213.473.4203 e-mail: stacy.gerlich@lacity.org
Student Eligibility: Restricted to Los Angeles Fire Department personnel and certain City of Los Angeles employees that maintain EMT certification.	Cost of Program: Basic: N/A Refresher: N/A
	Program Level: EMT Number of students completing training per year: Initial training: 0 Refresher: 1,900 Expiration date: 12/31/2017
Number of courses: Initial training: 0 Refresher: 72	

Table 10 – RESOURCE DIRECTORY – Approved Training Programs

Training Institution Name/Address		Program Director/Telephone Number
Los Angeles County Fire Department – EMS Section 1320 N. Eastern Avenue Los Angeles, CA 91766		Name: Andres Aldana Office: 909.239.1998 Fax: 866.286.3943 e-mail: andres.aldana@fire.lacounty.gov
Student Eligibility: Restricted to Los Angeles County Fire Department personnel	Cost of Program: Basic: n/a Refresher: n/a	Program Level: EMT Number of students completing training per year: Initial training: 216 Refresher: 0 Expiration date: 12/31/2017 Number of courses: Initial training: 4 Refresher: 0

Training Institution Name/Address		Program Director/Telephone Number
Los Angeles County Fire Department - Lifeguard Division 2600 The Strand Manhattan Beach, CA 90266		Name: Brian Lanich Office: 310.939.7209 Fax: 310.545.4280 e-mail: brian.lanich@fire.lacounty.gov
Student Eligibility: Los Angeles County Fire Department Lifeguard Division personnel or partner agency personnel in Los Angeles County	Cost of Program: Basic: n/a Refresher: n/a	Program Level: EMT Number of students completing training per year: Initial training: u0 Refresher: 150 Expiration date: 12/31/2017 Number of courses: Initial training: 0 Refresher: 8

Table 10 – RESOURCE DIRECTORY – Approved Training Programs

Training Institution Name/Address	Program Director/Telephone Number
Los Angeles County Sheriff's Department 4700 Ramona Blvd, Room 234 Monterey Park, CA 91754	Name: Sue Burakowski Office: 323.526.5691 Fax: e-mail: smburako@lasd.org

Training Institution Name/Address	Program Director/Telephone Number
Los Angeles Harbor College Division of Nursing and Health Sciences 1111 Figueroa Place Wilmington, CA 90744-2397	Name: Lynn Yamakawa Office: 310.233.4361 Fax: 310.233.4683 e-mail: yamakawalm@lahc.edu

Table 10 – RESOURCE DIRECTORY – Approved Training Programs

Training Institution Name/Address	Program Director/Telephone Number
Los Angeles Valley College 5800 Fulton Avenue Valley Glen, CA 91320	Name: Alan R. Cowen Office: 818.947.2982 Fax: 818.947.2620 e-mail: cowenar@lavc.edu

Training Institution Name/Address	Program Director/Telephone Number
Mt. San Antonio College 1100 North Grand Avenue, Room 28A-101E Walnut, CA 91789	Name: Tina Ziolkowski Office: 909.274.6911 Fax: 909.468.4175 e-mail: tziolkowski@mtsac.edu

Table 10 – RESOURCE DIRECTORY – Approved Training Programs

Training Institution Name/Address		Program Director/Telephone Number
Mt. San Antonio College 1100 North Grand Avenue, Room 28A-101E Walnut, CA 91789	e-mail: tziolkowski@mtsac.edu	Name: Tina Ziolkowski Office: 909.274.6911 Fax: 909.468.4175
<p>Student Eligibility:</p> <p>Open to the general public EMT Certification 1200 hours of EMT experience Pass physical exam, drug screen and background Complete EMS 1 and EMS 2 Vaccinations as appropriate and mandated by clinical facilities Must be proficient in basic math skills</p>		<p><u>Cost of Program:</u></p> <p>Basic: \$2900.00 Refresher: N/A</p> <p><u>Program Level:</u> Paramedic</p> <p>Number of students completing training per year: Initial training: 47 Refresher: 0 Expiration date: 12/31/2018</p> <p>Number of courses: Initial training: 2 Refresher: 0</p>
Training Institution Name/Address		Program Director/Telephone Number
North Valley Occupational Center 11450 Sharp Avenue Mission Hills, CA 91345	e-mail: epenuela@lausd.net	Name: Elizabeth Penuela Office: 818.759.5843 Fax: 818.759.5856
<p>Student Eligibility:</p> <p>Open to the general public</p>		<p><u>Cost of Program:</u></p> <p>Basic: \$110 Refresher: N/A</p> <p><u>Program Level:</u> EMT</p> <p>Number of students completing training per year: Initial training: 72 Refresher: 0 Expiration date: 12/31/2017</p> <p>Number of courses: Initial training: 4 Refresher: 0</p>

Table 10 – RESOURCE DIRECTORY – Approved Training Programs

Training Institution Name/Address	Program Director/Telephone Number
Orange County EMT 26429 Rancho Parkway South, Suite 150 Lake Forrest, CA 92630	Name: Andrew Kilian Office: 849.291.3887 Fax: 818.759.5856 e-mail: akilian@orangecountyemt.com
Student Eligibility: Open to the general public	<p>Cost of Program:</p> <p>Basic: unk Refresher: unk</p> <p>Number of courses: Initial training: unk Refresher: unk</p> <p>Program Level: EMT</p> <p>Number of students completing training per year: Initial training: unk Refresher: unk</p> <p>Expiration date: 12/31/2017</p>

Training Institution Name/Address	Program Director/Telephone Number
Los Angeles County EMS Agency - Paramedic Training Institute 10100 Pioneer Blvd, Suite 200 Santa Fe Springs, CA 90670	Name: Mark Ferguson Office: 562.347.1571 Fax: 562.941.5835 e-mail: maferguson@dhs.lacounty.gov
Student Eligibility: Open to the general public Must be enrolled at El Camino College Contact PTI for additional requirements	<p>Cost of Program:</p> <p>Basic: \$3069.50 Refresher: n/a</p> <p>Program Level: Paramedic</p> <p>Number of students completing training per year: Initial training: 81 Refresher: 0</p> <p>Expiration date: 12/31/2018</p> <p>Number of courses: Initial training: 4 Refresher: 0</p>

Table 10 – RESOURCE DIRECTORY – Approved Training Programs

Training Institution Name/Address	Program Director/Telephone Number
Pasadena City College 1570 East Colorado Blvd Pasadena, CA 91106	Name: Paul Easterling Office: 626.585.3022 Fax: 626.585.7977 e-mail: paulyems2@att.net

Training Institution Name/Address	Program Director/Telephone Number
Student Eligibility: Open to the general public	<u>Program Level:</u> EMT Number of students completing training per year: Initial training: unk Refresher: unk Expiration date: 12/31/2017 Number of courses: Initial training: unk Refresher: unk

Table 10 – RESOURCE DIRECTORY – Approved Training Programs

Training Institution Name/Address	Program Director/Telephone Number
Professional Career Development Center 13601 Whittier Blvd, Suite 10 Whittier, CA 90605	Name: Chadwick Ricks Office: 562.698.0301 Fax: 877.395.3771 e-mail: chadricks66@aol.com

Training Institution Name/Address	Program Director/Telephone Number
Rio Hondo Community College 11400 Greenstone Avenue Santa Fe Springs, CA 90670	Name: Tracy Rickman Office: 562.941.4082 ext 21 Fax: 562.941.7382 e-mail: trickman@riohondo.edu

Table 10 – RESOURCE DIRECTORY – Approved Training Programs

Training Institution Name/Address		Program Director/Telephone Number
Santa Monica Fire Department 333 Olympic Drive Santa Monica, CA 90401		Name: Jodi Nevandro Office: 310.458.4929 Fax: 310.458.8650 e-mail: jodi.nevandro@smgov.net
Student Eligibility: Restricted to Santa Monica Fire Department personnel	Cost of Program: Basic: n/a Refresher: n/a	Program Level: EMT Number of students completing training per year: Initial training: 0 Refresher: 110 Expiration date: 12/31/2017 Number of courses: Initial training: 0 Refresher: 1

Training Institution Name/Address		Program Director/Telephone Number
Southern California Regional Occupational Center (SCROC) 2300 Crenshaw Blvd Torrance, CA 90501		Name: Anne Welsh-Treglia Office: 310.224.4222 Fax: 310.782.6040 e-mail: dtreglia@scrock12.ca.us
Student Eligibility: Open to the general public	Cost of Program: Basic: \$1000 Materials not included Refresher: n/a	Program Level: EMT Number of students completing training per year: Initial training: 27 Refresher: n/a Expiration date: 12/31/2017 Number of courses: Initial training: 1 Refresher: 0

Table 10 – RESOURCE DIRECTORY – Approved Training Programs

Training Institution Name/Address	Program Director/Telephone Number		
Torrance Fire Department 1701 Crenshaw Blvd Torrance, CA 90501	Name: Jason Dobine Office: 310.781.7018 Fax: 310.781.7030 e-mail: idobine@torranceca.gov		
Student Eligibility: Restricted to Torrance Fire Department personnel	<u>Cost of Program:</u> Basic: n/a Refresher: n/a	<u>Program Level:</u> EMT Number of students completing training per year: Initial training: 0 Refresher: unk Expiration date: 12/31/2017	<u>Number of courses:</u> Initial training: 0 Refresher: unk

Training Institution Name/Address	Program Director/Telephone Number		
University of Antelope Valley 44055 Sierra Hwy Lancaster, CA 93534	Name: Aaron Aumann Office: 661.726.1911 x143 Fax: 661.726.5158 e-mail: aaron.aumann@uav.edu		
Student Eligibility: Open to the general public	<u>Cost of Program:</u> Basic: \$1300 Refresher: \$150	<u>Program Level:</u> EMT Number of students completing training per year: Initial training: 160 Refresher: 75 Expiration date: 12/31/2017	<u>Number of courses:</u> Initial training: 8 Refresher: 12

Table 10 – RESOURCE DIRECTORY – Approved Training Programs

Training Institution Name/Address	Program Director/Telephone Number
University of Antelope Valley 44055 Sierra Hwy Lancaster, CA 93534	Name: Sean Lyons Office: 661.726.1911 x163 Fax: 661.726.5158 e-mail: sean.lyons@uav.edu
Student Eligibility: Open to the general public	Cost of Program: Basic: \$15700 Refresher: n/a
	Program Level: Paramedic Number of students completing training per year: Initial training: 40 Refresher: 0 Expiration date: 7/31/2020
	Number of courses: Initial training: 2 Refresher: 0
Training Institution Name/Address	Program Director/Telephone Number
UCLA Center for Prehospital Care 10990 Wilshire Blvd, Suite 1450 Los Angeles, CA 90024	Name: Jeff Pollakoff Office: 310.312.9317 Fax: 310.312.9322 e-mail: jpollakoff@mednet.ucla.edu
Student Eligibility: Open to the general public	Cost of Program: Basic: \$1495 – hybrid \$1195 - traditional Refresher: \$195
	Program Level: EMT Number of students completing training per year: Initial training: 585 Refresher: 288 Expiration date: 12/31/2017
	Number of courses: Initial training: 24 Refresher: 12

Table 10 – RESOURCE DIRECTORY – Approved Training Programs

Training Institution Name/Address	Program Director/Telephone Number
UCLA Paramedic Education 52220 Pacific Concourse Drive, Suite 135 Los Angeles, CA 90045	Name: Heather Davis Office: 310.680.1101 Fax: 310.297.2020 e-mail: hdavis@mednet.ucla.edu
Student Eligibility: Open to general public who have at least 6 months full-time EMT experience (or equivalent). Must pass entrance exam (math, reading, science, EMT and affective domain) and complete the Paramedic Preparation Program or equivalent.	Cost of Program: Basic: \$10,000 – tradition \$16000 - hybrid Refresher: \$350 Number of courses: Initial training: 4 Refresher: 2

Training Institutions noted by yellow highlight failed to provide the requested information after repeated requests.



**Los Angeles County – Department of Health Services
EMERGENCY MEDICAL SERVICES PLAN
ANNUAL UPDATE
(Fiscal Year 2015-2016)**



Table 11 – RESOURCE DIRECTORY – Private Dispatch Agencies

EMS System: Los Angeles County

Note: Complete information for each facility by county. Make copies as needed.

Reporting Year: Fiscal Year 2015-2016

Table 11 – Resource Directory – Dispatch Agencies

Name & Address: Aegis Ambulance Service, Inc. 140 West Chestnut Avenue Monrovia, CA 91016-3412		Primary Contact & Phone Number: Paul Richart President 626.685.9410 richart@aegisambulance.com	
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		<input checked="" type="checkbox"/> Day-to-day <input type="checkbox"/> Disaster	
Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no		Number of Personnel Providing Services: <hr style="width: 100px; margin-left: 0;"/>	
		<input checked="" type="checkbox"/> EMD <hr style="width: 100px; margin-left: 0;"/> 3 <hr style="width: 100px; margin-left: 0;"/> <hr style="width: 100px; margin-left: 0;"/>	<input type="checkbox"/> LALS <hr style="width: 100px; margin-left: 0;"/> <hr style="width: 100px; margin-left: 0;"/>
		<input type="checkbox"/> ALS <hr style="width: 100px; margin-left: 0;"/> <hr style="width: 100px; margin-left: 0;"/>	
		<input type="checkbox"/> Other	
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private		If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	
		<input type="checkbox"/> City <input type="checkbox"/> Fire District	
		<input type="checkbox"/> County <input type="checkbox"/> Federal <input type="checkbox"/> State	

Name & Address: All Town Ambulance, LLC 13812 Saticoy Street Panorama City, CA 91401-6520		Primary Contact & Phone Number: Giovanni Chiarella Operations Manager 877.599.4282 gchiarella@public-ems.com	
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no		<input checked="" type="checkbox"/> Day-to-day <input type="checkbox"/> Disaster	
Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no		Number of Personnel Providing Services: <hr style="width: 100px; margin-left: 0;"/>	
		<input checked="" type="checkbox"/> EMD <hr style="width: 100px; margin-left: 0;"/> 3 <hr style="width: 100px; margin-left: 0;"/> <hr style="width: 100px; margin-left: 0;"/>	<input type="checkbox"/> LALS <hr style="width: 100px; margin-left: 0;"/> <hr style="width: 100px; margin-left: 0;"/>
		<input type="checkbox"/> ALS <hr style="width: 100px; margin-left: 0;"/> <hr style="width: 100px; margin-left: 0;"/>	
		<input type="checkbox"/> Other(ETC)	
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private		If Public: <input type="checkbox"/> City <input type="checkbox"/> Fire District	
		<input type="checkbox"/> County <input type="checkbox"/> Federal <input type="checkbox"/> State	

Table 11 – Resource Directory – Dispatch Agencies

Name & Address: AmeriCare Medservices, Inc. dba: AmeriCare Ambulance 1059 East Bedmar Street Carson, CA 90746-3160			Primary Contact & Phone Number: Jim Karras Vice President 310.835.9390 jkarras@americare.org												
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	<p>(Note: This company is a private inter-facility dispatch center that schedules non-emergency transports.)</p> <table> <thead> <tr> <th colspan="2">Number of Personnel Providing Services:</th> </tr> <tr> <th>EMD</th> <th>EMT-D</th> </tr> </thead> <tbody> <tr> <td><u>11</u></td> <td><u> </u></td> </tr> <tr> <th>BLS</th> <th>LALS</th> </tr> <tr> <td><u>2</u></td> <td><u> </u></td> </tr> </tbody> </table> <p>ALS Other(ETC)</p>			Number of Personnel Providing Services:		EMD	EMT-D	<u>11</u>	<u> </u>	BLS	LALS	<u>2</u>	<u> </u>
Number of Personnel Providing Services:															
EMD	EMT-D														
<u>11</u>	<u> </u>														
BLS	LALS														
<u>2</u>	<u> </u>														
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private		If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If Public: <input type="checkbox"/> City <input type="checkbox"/> Fire District	<input type="checkbox"/> County <input type="checkbox"/> Federal	<input type="checkbox"/> State										
Name & Address: AmeriPride Ambulance Service, Inc. 360 Compton Boulevard Gardena, CA 90248-1702			Primary Contact & Phone Number: Edward Greenberg President 310.965.0905 edward@ameriprideambulance.com												
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	<p>(Note: This company is a private inter-facility dispatch center that schedules non-emergency transports.)</p> <table> <thead> <tr> <th colspan="2">Number of Personnel Providing Services:</th> </tr> <tr> <th>EMD</th> <th>EMT-D</th> </tr> </thead> <tbody> <tr> <td><u>5</u></td> <td><u> </u></td> </tr> <tr> <th>BLS</th> <th>LALS</th> </tr> <tr> <td><u> </u></td> <td><u> </u></td> </tr> </tbody> </table> <p>ALS Other</p>			Number of Personnel Providing Services:		EMD	EMT-D	<u>5</u>	<u> </u>	BLS	LALS	<u> </u>	<u> </u>
Number of Personnel Providing Services:															
EMD	EMT-D														
<u>5</u>	<u> </u>														
BLS	LALS														
<u> </u>	<u> </u>														
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private		If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If Public: <input type="checkbox"/> City <input type="checkbox"/> Fire District	<input type="checkbox"/> County <input type="checkbox"/> Federal	<input type="checkbox"/> State										

Table 11 – Resource Directory – Dispatch Agencies

Name & Address: Amwest, Inc. dba: Amwest Ambulance 7650 Lankershim Boulevard North Hollywood, CA 91605-2813		Primary Contact & Phone Number: Richard Morrison, Operations Director (818) 859-7999 rj@amwestsecure.com											
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____										
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private		If Public: <input type="checkbox"/> City <input type="checkbox"/> Fire District	<input type="checkbox"/> County <input type="checkbox"/> Federal <input type="checkbox"/> State										
		<i>(Note: This company is a private inter-facility dispatch center that schedules non-emergency transports.)</i>											
		Number of Personnel Providing Services: <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: right; padding-right: 10px;"><u>5</u></td> <td style="text-align: right; padding-right: 10px;"><u>EMD</u></td> <td style="text-align: right; padding-right: 10px;"><u>EMT-D</u></td> <td style="text-align: right; padding-right: 10px;"><u>ALS</u></td> </tr> <tr> <td style="text-align: right; padding-right: 10px;"><u>BLS</u></td> <td style="text-align: right; padding-right: 10px;"><u>LALS</u></td> <td style="text-align: right; padding-right: 10px;"><u>Other</u></td> <td></td> </tr> </table>	<u>5</u>	<u>EMD</u>	<u>EMT-D</u>	<u>ALS</u>	<u>BLS</u>	<u>LALS</u>	<u>Other</u>				
<u>5</u>	<u>EMD</u>	<u>EMT-D</u>	<u>ALS</u>										
<u>BLS</u>	<u>LALS</u>	<u>Other</u>											
		Primary Contact & Phone Number: Andrew Nieto Dispatch Manager 661.951.1998 emd.nieto@yahoo.com											
		<i>(Note: This company is a private inter-facility dispatch center that schedules non-emergency transports.)</i>											
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	Number of Personnel Providing Services: <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: right; padding-right: 10px;"><u>7</u></td> <td style="text-align: right; padding-right: 10px;"><u>EMD</u></td> <td style="text-align: right; padding-right: 10px;"><u>EMT-D</u></td> <td style="text-align: right; padding-right: 10px;"><u>ALS</u></td> </tr> <tr> <td style="text-align: right; padding-right: 10px;"><u>BLS</u></td> <td style="text-align: right; padding-right: 10px;"><u>LALS</u></td> <td style="text-align: right; padding-right: 10px;"><u>Other</u></td> <td></td> </tr> </table>	<u>7</u>	<u>EMD</u>	<u>EMT-D</u>	<u>ALS</u>	<u>BLS</u>	<u>LALS</u>	<u>Other</u>		
<u>7</u>	<u>EMD</u>	<u>EMT-D</u>	<u>ALS</u>										
<u>BLS</u>	<u>LALS</u>	<u>Other</u>											
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private													

Table 11 – Resource Directory – Dispatch Agencies

Name & Address:	Primary Contact & Phone Number:									
Bowers Companies, Inc. dba Bowers Ambulance Service 12638 Saticoy Street South North Hollywood, CA 91605-4313	Aaron Sundstrom Communications Manager 562.988.6479 aaron.sundstrom@bowersambulance.com									
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____								
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private		Number of Personnel Providing Services: <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;"><u>12</u></td> <td style="width: 25%;"><u>EMD</u></td> <td style="width: 25%;"><u>LALS</u></td> <td style="width: 25%;"><u>ALS</u></td> </tr> <tr> <td><u>2</u></td> <td><u>BLS</u></td> <td></td> <td><input type="checkbox"/> Other</td> </tr> </table> If Public: <input type="checkbox"/> City <input type="checkbox"/> Fire District <input type="checkbox"/> County <input type="checkbox"/> Federal <input type="checkbox"/> State	<u>12</u>	<u>EMD</u>	<u>LALS</u>	<u>ALS</u>	<u>2</u>	<u>BLS</u>		<input type="checkbox"/> Other
<u>12</u>	<u>EMD</u>	<u>LALS</u>	<u>ALS</u>							
<u>2</u>	<u>BLS</u>		<input type="checkbox"/> Other							
Name & Address:	Primary Contact & Phone Number:									
Care Ambulance Service, Inc. 1517 West Braden Court Orange, CA 92686-3534	Ben Baker Communications Manager 714.288.3800 benb@careambulance.net									
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____								
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private		Number of Personnel Providing Services: <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;"><u>EMD</u></td> <td style="width: 25%;"><u>LALS</u></td> <td style="width: 25%;"><u>ALS</u></td> </tr> <tr> <td><u>BLS</u></td> <td></td> <td><input type="checkbox"/> Other(ETC)</td> </tr> </table> If Public: <input type="checkbox"/> City <input type="checkbox"/> Fire District <input type="checkbox"/> County <input type="checkbox"/> Federal <input type="checkbox"/> State	<u>EMD</u>	<u>LALS</u>	<u>ALS</u>	<u>BLS</u>		<input type="checkbox"/> Other(ETC)		
<u>EMD</u>	<u>LALS</u>	<u>ALS</u>								
<u>BLS</u>		<input type="checkbox"/> Other(ETC)								

Table 11 – Resource Directory – Dispatch Agencies

Name & Address: Emergency Ambulance Service, Inc. 3200 East Birch Street, Suite A Brea, CA 92821-6287		Primary Contact & Phone Number: Chad Druten General Manager 714.990.1742 chaddruten@emergencyambulance.com	
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	Number of Personnel Providing Services: <hr style="width: 100px; margin-left: 0; border: 0.5px solid black; border-top: none; border-bottom: none; border-left: none; border-right: none;"/> 10 EMD _____ ALS <hr style="width: 100px; margin-left: 0; border: 0.5px solid black; border-top: none; border-bottom: none; border-left: none; border-right: none;"/> BLS _____ LALS _____ Other
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private		If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If Public: <input type="checkbox"/> City <input type="checkbox"/> Fire District <input type="checkbox"/> County <input type="checkbox"/> Federal <input type="checkbox"/> State
		<i>(Note: This company is a private inter-facility dispatch center that schedules non-emergency transports.)</i>	
Name & Address: Explorer-1 Ambulance & Medical Services, LLC 1040 East Compton Boulevard Compton, CA 90221-3306		Primary Contact & Phone Number: Sultan Mohammed EMS Operations Chief 310.537.3971 mohamed.scpt@yahoo.com	
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	Number of Personnel Providing Services: <hr style="width: 100px; margin-left: 0; border: 0.5px solid black; border-top: none; border-bottom: none; border-left: none; border-right: none;"/> 2 EMD _____ ALS <hr style="width: 100px; margin-left: 0; border: 0.5px solid black; border-top: none; border-bottom: none; border-left: none; border-right: none;"/> BLS _____ LALS _____ Other
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private		If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If Public: <input type="checkbox"/> City <input type="checkbox"/> Fire District <input type="checkbox"/> County <input type="checkbox"/> Federal <input type="checkbox"/> State
		<i>(Note: This company is a private inter-facility dispatch center that schedules non-emergency transports.)</i>	

Table 11 – Resource Directory – Dispatch Agencies

Name & Address: Gentle Care Transport, Inc. dba: GCTI Ambulance 3539 Casitas Avenue Los Angeles, CA 90039-1903		Primary Contact & Phone Number: Robert Camarena General Manager 323.662.1777 robcc@gctiambulance.com																	
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no		<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster																	
Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no		If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____																	
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private		If Public: <input type="checkbox"/> City <input type="checkbox"/> Fire District <input type="checkbox"/> County <input type="checkbox"/> Federal <input type="checkbox"/> State																	
<p>(Note: This company is a private inter-facility dispatch center that schedules non-emergency transports.)</p> <table> <tr> <td colspan="2">Number of Personnel Providing Services:</td> <td>EMT-D</td> <td>ALS</td> </tr> <tr> <td><u>1</u></td> <td><u>EMD</u></td> <td><u> </u></td> <td><u> </u></td> </tr> <tr> <td><u>6</u></td> <td><u>BLS</u></td> <td><u>LALS</u></td> <td><u>Other</u></td> </tr> </table>				Number of Personnel Providing Services:		EMT-D	ALS	<u>1</u>	<u>EMD</u>	<u> </u>	<u> </u>	<u>6</u>	<u>BLS</u>	<u>LALS</u>	<u>Other</u>				
Number of Personnel Providing Services:		EMT-D	ALS																
<u>1</u>	<u>EMD</u>	<u> </u>	<u> </u>																
<u>6</u>	<u>BLS</u>	<u>LALS</u>	<u>Other</u>																
Name & Address: Gentle Ride, Inc. 715 Ruberta Avenue Glendale, CA 91201-2336		Primary Contact & Phone Number: Chad Brewster Operations Manager 888.688.8030 cbrewster@gentlerideambulance.com																	
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster																	
Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no		If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____																	
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Number of Personnel Providing Services:		EMT-D	ALS																
<u>2</u>	<u>EMD</u>	<u> </u>	<u> </u>																
<u>2</u>	<u>BLS</u>	<u>LALS</u>	<u>1</u>																
		<u>Other(ETC)</u>	<u> </u>																
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private		If Public: <input type="checkbox"/> City <input type="checkbox"/> Fire District <input type="checkbox"/> County <input type="checkbox"/> Federal <input type="checkbox"/> State																	

Table 11 – Resource Directory – Dispatch Agencies

Name & Address: Guardian Ambulance Service, Inc. 123 Bellevue Drive, Suite 4 Pasadena, CA 91107		Primary Contact & Phone Number: Robert Ower General Manager 626.792.3688 rower@guardianambulance.org	
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	
		<small>(Note: This company is a private inter-facility dispatch center that schedules non-emergency transports.)</small> Number of Personnel Providing Services: 2 EMD _____ ALS BLS _____ LALS _____ Other	
		<small>If Public:</small> <input type="checkbox"/> City <input type="checkbox"/> Fire District <input type="checkbox"/> County <input type="checkbox"/> Federal <input type="checkbox"/> State	
Name & Address: Accutrans, LLC dba: Impulse Ambulance, Inc. 12527 Vanowen Street North Hollywood, CA 91605-5321		Primary Contact & Phone Number: Vince Pinsky Vice President 818.982.3500 vp@impulseambulance.com	
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	
		<small>(Note: This company is a private inter-facility dispatch center that schedules non-emergency transports.)</small> Number of Personnel Providing Services: 2 EMD _____ ALS BLS _____ LALS _____ Other	
		<small>If Public:</small> <input type="checkbox"/> City <input type="checkbox"/> Fire District <input type="checkbox"/> County <input type="checkbox"/> Federal <input type="checkbox"/> State	

Table 11 – Resource Directory – Dispatch Agencies

Name & Address: Liberty Ambulance, LLC 9441 Washburn Road Downey, CA 90242-4536		Primary Contact & Phone Number: Luis Arreola Dispatch Manager (562) 741-6230 larreola@libertyambulance.com	
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____
		Number of Personnel Providing Services: 12 EMD _____ ALS 2 BLS _____ Other	If Public: <input type="checkbox"/> City <input type="checkbox"/> Fire District <input type="checkbox"/> County <input type="checkbox"/> Federal <input type="checkbox"/> State
		<i>(Note: This company is a private inter-facility dispatch center that schedules non-emergency transports.)</i>	
Name & Address: Mauran Ambulance Service, Inc. 1211 First Street San Fernando, CA 91340-2802		Primary Contact & Phone Number: David Meliksetyan General Manager 818 365.3182 mauran_ambulance@yahoo.com	
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____
		Number of Personnel Providing Services: 5 EMD _____ ALS BLS _____ Other	If Public: <input type="checkbox"/> City <input type="checkbox"/> Fire District <input type="checkbox"/> County <input type="checkbox"/> Federal <input type="checkbox"/> State
		<i>(Note: This company is a private inter-facility dispatch center that schedules non-emergency transports.)</i>	

Table 11 – Resource Directory – Dispatch Agencies

Name & Address: Medcoast Mediservice, Inc. dba Medcoast Ambulance Service 8134 Iseli Road Santa Fe Springs, CA 90670-5203		Primary Contact & Phone Number: Kira Ramirez Communications Supervisor 562.926.9990 kira@medcoastambulance.com																			
<p>Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no </p> <p>Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no </p> <p>Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private </p>		<p><input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster</p> <p>If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____</p>																			
		<p>(Note: This company is a private inter-facility dispatch center that schedules non-emergency transports.)</p> <table border="1"> <tr> <td colspan="2">Number of Personnel Providing Services:</td> </tr> <tr> <td><u>2</u></td> <td>EMD</td> <td><u> </u></td> <td>ALS</td> </tr> <tr> <td><u> </u></td> <td>BLS</td> <td><u> </u></td> <td>LALS</td> </tr> <tr> <td><u> </u></td> <td><u> </u></td> <td><u> </u></td> <td>5</td> </tr> <tr> <td><u> </u></td> <td><u> </u></td> <td><u> </u></td> <td>Other(ETC)</td> </tr> </table> <p>If Public: <input type="checkbox"/> City <input type="checkbox"/> Fire District <input type="checkbox"/> County <input type="checkbox"/> Federal <input type="checkbox"/> State </p>		Number of Personnel Providing Services:		<u>2</u>	EMD	<u> </u>	ALS	<u> </u>	BLS	<u> </u>	LALS	<u> </u>	<u> </u>	<u> </u>	5	<u> </u>	<u> </u>	<u> </u>	Other(ETC)
Number of Personnel Providing Services:																					
<u>2</u>	EMD	<u> </u>	ALS																		
<u> </u>	BLS	<u> </u>	LALS																		
<u> </u>	<u> </u>	<u> </u>	5																		
<u> </u>	<u> </u>	<u> </u>	Other(ETC)																		
Name & Address: Med-Life Ambulance Service, Inc. 4304 Alger Street Los Angeles, CA 90039-1206		Primary Contact & Phone Number: Vahagn Mike Zakharyan Operations Manager 818.500.0044 mike@medlifeambulance.com																			
<p>Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no </p> <p>Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no </p> <p>Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private </p>		<p>(Note: This company is a private inter-facility dispatch center that schedules non-emergency transports.)</p> <table border="1"> <tr> <td colspan="2">Number of Personnel Providing Services:</td> </tr> <tr> <td><u>2</u></td> <td>EMD</td> <td><u> </u></td> <td>ALS</td> </tr> <tr> <td><u> </u></td> <td>BLS</td> <td><u> </u></td> <td>LALS</td> </tr> <tr> <td><u> </u></td> <td><u> </u></td> <td><u> </u></td> <td>5</td> </tr> <tr> <td><u> </u></td> <td><u> </u></td> <td><u> </u></td> <td>Other(ETC)</td> </tr> </table> <p>If Public: <input type="checkbox"/> City <input type="checkbox"/> Fire District <input type="checkbox"/> County <input type="checkbox"/> Federal <input type="checkbox"/> State </p>		Number of Personnel Providing Services:		<u>2</u>	EMD	<u> </u>	ALS	<u> </u>	BLS	<u> </u>	LALS	<u> </u>	<u> </u>	<u> </u>	5	<u> </u>	<u> </u>	<u> </u>	Other(ETC)
Number of Personnel Providing Services:																					
<u>2</u>	EMD	<u> </u>	ALS																		
<u> </u>	BLS	<u> </u>	LALS																		
<u> </u>	<u> </u>	<u> </u>	5																		
<u> </u>	<u> </u>	<u> </u>	Other(ETC)																		

Table 11 – Resource Directory – Dispatch Agencies

Name & Address: MedReach, Inc. 1303 Kona Drive Rancho Dominguez, CA 90220-5408		Primary Contact & Phone Number: Robert Aragon General Manager 310.781.9395 robertaragon@medreachambulance.com	
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	(Note: This company is a private <i>inter-facility</i> dispatch center that schedules non-emergency transports.) Number of Personnel Providing Services: 3 EMD _____ ALS _____ 3 BLS _____ Other _____
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private		If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If Public: <input type="checkbox"/> City <input type="checkbox"/> Fire District <input type="checkbox"/> County <input type="checkbox"/> Federal <input type="checkbox"/> State

Name & Address: MedResponse, Inc. 7040 Hayvenhurst Avenue, Suite 200 Van Nuys, CA 91406-3801		Primary Contact & Phone Number: Paul Pearson General Manager 818.442.9222 ppearson@medresponseinc.com	
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	(Note: This company is a private <i>inter-facility</i> dispatch center that schedules non-emergency transports.) Number of Personnel Providing Services: 4 EMD _____ ALS _____ 4 BLS _____ Other _____
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private		If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If Public: <input type="checkbox"/> City <input type="checkbox"/> Fire District <input type="checkbox"/> County <input type="checkbox"/> Federal <input type="checkbox"/> State

Table 11 – Resource Directory – Dispatch Agencies

Name & Address: PRN Ambulance, Inc. 8928 Sepulveda Boulevard North Hills, CA 91343-4306		Primary Contact & Phone Number: Christine Miyahara Communications Manager 818.810.3600 Ext. 3626 christine@prnambulance.com																	
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster		Number of Personnel Providing Services: <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33.33%;"><u>8</u></td> <td style="width: 33.33%;"><u>EMD</u></td> <td style="width: 33.33%;"><u>2</u></td> </tr> <tr> <td><u>6</u></td> <td><u>BLS</u></td> <td><u>1</u></td> </tr> <tr> <td colspan="3">ALS</td> </tr> <tr> <td colspan="3">Other(ETC)</td> </tr> </table>		<u>8</u>	<u>EMD</u>	<u>2</u>	<u>6</u>	<u>BLS</u>	<u>1</u>	ALS			Other(ETC)				
<u>8</u>	<u>EMD</u>	<u>2</u>																	
<u>6</u>	<u>BLS</u>	<u>1</u>																	
ALS																			
Other(ETC)																			
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private		If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____		<input type="checkbox"/> City <input type="checkbox"/> Fire District		<input type="checkbox"/> County <input type="checkbox"/> Federal <input type="checkbox"/> State													
		<i>(Note: This company is a private inter-facility dispatch center that schedules non-emergency transports.)</i>																	
Name & Address: Rescue One Ambulance Corporation 15335 Illinois Avenue Paramount, CA 97023-4108		Primary Contact & Phone Number: Andrew Boulos President 877.421.1801 drew.roa@gmail.com																	
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster		Number of Personnel Providing Services: <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33.33%;"><u>5</u></td> <td style="width: 33.33%;"><u>EMD</u></td> <td style="width: 33.33%;"><u>ALS</u></td> </tr> <tr> <td><u>5</u></td> <td><u>BLS</u></td> <td><u>1</u></td> </tr> <tr> <td colspan="3">LALS</td> </tr> <tr> <td colspan="3">Other</td> </tr> </table>		<u>5</u>	<u>EMD</u>	<u>ALS</u>	<u>5</u>	<u>BLS</u>	<u>1</u>	LALS			Other				
<u>5</u>	<u>EMD</u>	<u>ALS</u>																	
<u>5</u>	<u>BLS</u>	<u>1</u>																	
LALS																			
Other																			
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private		If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____		<input type="checkbox"/> City <input type="checkbox"/> Fire District		<input type="checkbox"/> County <input type="checkbox"/> Federal <input type="checkbox"/> State													
		<i>(Note: This company is a private inter-facility dispatch center that schedules non-emergency transports.)</i>																	

Table 11 – Resource Directory – Dispatch Agencies

Name & Address: Rescue Services International, Ltd. 5462 Irwindale Avenue, Suite B Irwindale, CA 91706-2074		Primary Contact & Phone Number: Robert Ower General Manager 800.989.5027 rower@rsiamb.com																	
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Day-to-day <input checked="" type="checkbox"/> Disaster	<p>(Note: This company is a private inter-facility dispatch center that schedules non-emergency transports.)</p> <table border="1"> <tr> <td>Number of Personnel Providing Services:</td> <td>EMD _____</td> <td>EMT-D _____</td> <td>ALS _____</td> </tr> <tr> <td></td> <td><u>10</u></td> <td><u>BLS</u></td> <td><u>LALS</u></td> </tr> <tr> <td>If Public:</td> <td><input type="checkbox"/> City <input type="checkbox"/> Fire District</td> <td><input type="checkbox"/> County <input type="checkbox"/> Federal</td> <td><input type="checkbox"/> State</td> </tr> <tr> <td>If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____</td> <td></td> <td></td> <td></td> </tr> </table>	Number of Personnel Providing Services:	EMD _____	EMT-D _____	ALS _____		<u>10</u>	<u>BLS</u>	<u>LALS</u>	If Public:	<input type="checkbox"/> City <input type="checkbox"/> Fire District	<input type="checkbox"/> County <input type="checkbox"/> Federal	<input type="checkbox"/> State	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____			
Number of Personnel Providing Services:	EMD _____	EMT-D _____	ALS _____																
	<u>10</u>	<u>BLS</u>	<u>LALS</u>																
If Public:	<input type="checkbox"/> City <input type="checkbox"/> Fire District	<input type="checkbox"/> County <input type="checkbox"/> Federal	<input type="checkbox"/> State																
If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____																			
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private																			

Name & Address: Royalty Ambulance Services, Inc. 3235 North San Fernando Road Building 6 Los Angeles, CA 90065-1434		Primary Contact & Phone Number: Sean Grimes Operations Manager 818.550.5833 royaltyambu@yahoo.com																	
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Day-to-day <input checked="" type="checkbox"/> Disaster	<p>(Note: This company is a private inter-facility dispatch center that schedules non-emergency transports.)</p> <table border="1"> <tr> <td>Number of Personnel Providing Services:</td> <td>EMD _____</td> <td>EMT-D _____</td> <td>ALS _____</td> </tr> <tr> <td></td> <td><u>3</u></td> <td><u>BLS</u></td> <td><u>LALS</u></td> </tr> <tr> <td>If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____</td> <td></td> <td></td> <td></td> </tr> <tr> <td>If Public: <input type="checkbox"/> City <input type="checkbox"/> Fire District</td> <td><input type="checkbox"/> County</td> <td><input type="checkbox"/> State</td> <td><input type="checkbox"/> Federal</td> </tr> </table>	Number of Personnel Providing Services:	EMD _____	EMT-D _____	ALS _____		<u>3</u>	<u>BLS</u>	<u>LALS</u>	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____				If Public: <input type="checkbox"/> City <input type="checkbox"/> Fire District	<input type="checkbox"/> County	<input type="checkbox"/> State	<input type="checkbox"/> Federal
Number of Personnel Providing Services:	EMD _____	EMT-D _____	ALS _____																
	<u>3</u>	<u>BLS</u>	<u>LALS</u>																
If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____																			
If Public: <input type="checkbox"/> City <input type="checkbox"/> Fire District	<input type="checkbox"/> County	<input type="checkbox"/> State	<input type="checkbox"/> Federal																
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private																			

Table 11 – Resource Directory – Dispatch Agencies

Name & Address: Schaefer Ambulance Service 4627 West Beverly Boulevard Los Angeles, CA 90004-3101		Primary Contact & Phone Number: Jimmy McNeal Vice President 323.469.1473 j@sas-amb.com	
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private			If Public: <input type="checkbox"/> City <input type="checkbox"/> Fire District <input type="checkbox"/> Other explain: _____
		Number of Personnel Providing Services: 18 _____ EMD _____ ALS 2 _____ BLS _____ Other	<input type="checkbox"/> County <input type="checkbox"/> Federal <input type="checkbox"/> State
<p><i>(Note: This company is a private dispatch center that through a County Agreement, dispatches BLS transport ambulances with the local 9-1-1 jurisdictional provider.)</i></p>			
Name & Address: Translife Inc. dba: Translife Ambulance 7742 Gloria Avenue, Suite C Van Nuys, CA 91406-1815		Primary Contact & Phone Number: David Molyneaux General Manager 888.994.7711 david@translifeambulance.com	
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private			If Public: <input type="checkbox"/> City <input type="checkbox"/> Fire District <input type="checkbox"/> Other explain: _____
		Number of Personnel Providing Services: 4 _____ EMD _____ ALS _____ BLS _____ Other	<input type="checkbox"/> County <input type="checkbox"/> Federal <input type="checkbox"/> State
<p><i>(Note: This company is a private inter-facility dispatch center that schedules non-emergency transports.)</i></p>			

Table 11 – Resource Directory – Dispatch Agencies

Name & Address: Trinity Ambulance and Medical Transportation, LLC 8205 Somerset Boulevard Paramount, CA 90723-3518		Primary Contact & Phone Number: Eduardo Garcia General Manager 562.677.1000 eduardo@trinitymedicaltransport.com	
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Day-to-day <input checked="" type="checkbox"/> Disaster	(Note: This company is a private inter-facility dispatch center that schedules non-emergency transports.)
		Number of Personnel Providing Services: <hr/> 3 EMD _____ <hr/> 1 BLS _____	ALS Other
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private		If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	<input type="checkbox"/> City <input type="checkbox"/> Fire District <input type="checkbox"/> County <input type="checkbox"/> Federal <input type="checkbox"/> State

Name & Address: West Coast Ambulance, Inc. 647 West Avenue L 14 Lancaster, CA 93534-7144		Primary Contact & Phone Number: Olga Binman President 661.940.6629 olga.wca@gmail.com	
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Day-to-day <input checked="" type="checkbox"/> Disaster	(Note: This company is a private inter-facility dispatch center that schedules non-emergency transports.)
		Number of Personnel Providing Services: <hr/> 4 EMD _____ <hr/> 1 BLS _____	ALS Other
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private		If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	<input type="checkbox"/> County <input type="checkbox"/> Federal <input type="checkbox"/> State

Table 11 – Resource Directory – Dispatch Agencies

Name & Address: Westmed Ambulance, Inc. dba: McCormick Ambulance 20101 Hamilton Avenue, Suite 230 Torrance, CA 90502-1351		Primary Contact & Phone Number: Mike Henderson Director of Communications (310) 798-3300 mike@mccormickambulance.com									
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no		<i>(Note: This company is a private dispatch center that through a County Agreement, dispatches BLS transport ambulances with the local 9-1-1 jurisdictional provider.)</i>									
Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no		Number of Personnel Providing Services: <table><tr><td><u>10</u></td><td><input type="checkbox"/> EMD</td><td><input type="checkbox"/> EMT-D</td><td><input type="checkbox"/> ALS</td></tr><tr><td><u>5</u></td><td><input type="checkbox"/> BLS</td><td><input type="checkbox"/> LALS</td><td><u>2</u> <input type="checkbox"/> Other(ETC)</td></tr></table>		<u>10</u>	<input type="checkbox"/> EMD	<input type="checkbox"/> EMT-D	<input type="checkbox"/> ALS	<u>5</u>	<input type="checkbox"/> BLS	<input type="checkbox"/> LALS	<u>2</u> <input type="checkbox"/> Other(ETC)
<u>10</u>	<input type="checkbox"/> EMD	<input type="checkbox"/> EMT-D	<input type="checkbox"/> ALS								
<u>5</u>	<input type="checkbox"/> BLS	<input type="checkbox"/> LALS	<u>2</u> <input type="checkbox"/> Other(ETC)								
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private		If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____ <input type="checkbox"/> City <input type="checkbox"/> Fire District <input type="checkbox"/> County <input type="checkbox"/> Federal <input type="checkbox"/> State									



**Los Angeles County – Department of Health Services
EMERGENCY MEDICAL SERVICES PLAN
ANNUAL UPDATE
(Fiscal Year 2015-2016)**



Table 11 – RESOURCE DIRECTORY – Public Dispatch Agencies

EMS System: **Los Angeles County**

Note: Complete information for each facility by county. Make copies as needed.

Name & Address: Avalon Fire Department P.O. Box 707 Avalon, CA 90704		Primary Contact & Phone Number: Michael Krug Fire Chief 310.510.0203 x205	
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Day-to-day <input checked="" type="checkbox"/> Disaster	Number of Personnel Providing Services: EMD _____ 15 BLS _____ LALS _____
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	ALS _____ Other _____ □ County □ Federal □ City □ Fire District □ State

Reporting Year: **Fiscal Year 2015-2016**

Table 11 – Resource Directory – Dispatch Agencies

Name & Address: Beverly Hills Police Department 464 North Rexford Drive Beverly Hills CA 90210		Primary Contact & Phone Number: Dona Noris Communications Manager 310.288.2634	
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Medical Director: <input type="checkbox"/> yes <input type="checkbox"/> no (Note: BHPD Dispatch utilizes PowerPhone as its EMS product and receives oversight through PowerPhone's Medical Director.)	Number of Personnel Providing Services: <u>19</u> <input type="checkbox"/> Day-to-day <input type="checkbox"/> Disaster	Number of Personnel Providing Services: <u>EMT-D</u> <input type="checkbox"/> EMD <input type="checkbox"/> BLS <input type="checkbox"/> LALS <input type="checkbox"/> ALS <input type="checkbox"/> Other
		If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	<input type="checkbox"/> County <input type="checkbox"/> Federal <input type="checkbox"/> City <input type="checkbox"/> Fire District <input type="checkbox"/> State
Name & Address: Culver City Fire Department 9770 Culver Boulevard Culver City, CA 90232		Primary Contact & Phone Number: Roger Braum Administrative Captain / EMS Coordinator 310.253.5912 Roger.Braum@culvercity.org	
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Number of Personnel Providing Services: <u>13</u> <input type="checkbox"/> Day-to-day <input type="checkbox"/> Disaster	Number of Personnel Providing Services: <u>49</u> <input type="checkbox"/> EMT-D <input type="checkbox"/> LALS <input type="checkbox"/> ALS <input type="checkbox"/> Other
		If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	<input type="checkbox"/> County <input type="checkbox"/> Federal <input type="checkbox"/> City <input type="checkbox"/> Fire District <input type="checkbox"/> State

Table 11 – Resource Directory – Dispatch Agencies

Name & Address: Downey Fire Dispatch Center, "Downey Dispatch" 12222 Paramount Blvd. Downey, CA 90242		Primary Contact & Phone Number: Tracy Gonzales Fire Communication Supervisor 562.299.5413 Tracy.Gonzales@areaefire.org	
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Day-to-day <input checked="" type="checkbox"/> Disaster	Number of Personnel Providing Services: 10 EMD _____ EMT-D _____ ALS _____ BLS _____ LALS _____ Other _____
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> Fire District <input type="checkbox"/> County <input type="checkbox"/> Federal <input type="checkbox"/> State
Name & Address: La Verne Police Department 2061 3 rd Street La Verne, CA 91750		Primary Contact & Phone Number: Lieutenant Sam Gonzalez 909.596.1913	
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Day-to-day <input checked="" type="checkbox"/> Disaster	Number of Personnel Providing Services: 8 EMD _____ EMT-D _____ ALS _____ BLS _____ LALS _____ Other _____
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		If Public: <input checked="" type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> Fire District <input type="checkbox"/> County <input type="checkbox"/> Federal <input type="checkbox"/> State

Table 11 – Resource Directory – Dispatch Agencies

Name & Address: Los Angeles County Fire Department 1320 N. Eastern Avenue Los Angeles, CA 90063		Primary Contact & Phone Number: Chris Bundesen Assistant Fire Chief 323.881.2370 Chris.Bundesen@fire.lacounty.gov	
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	Number of Personnel Providing Services: 95 EMD 14 EMT-D — ALS 95 BLS — LALS — Other
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If Public: <input type="checkbox"/> City <input type="checkbox"/> Fire District	<input checked="" type="checkbox"/> County <input type="checkbox"/> Federal <input type="checkbox"/> State
Name & Address: Los Angeles Fire Department – Metro Fire Communications 500 E. Temple Street Los Angeles, CA 90012		Primary Contact & Phone Number: Carlos Calvillo Assistant Fire Chief 213.576.8900 Carlos.Calvillo@lacity.org	
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	Number of Personnel Providing Services: 85 EMD — EMT-D 39 ALS 46 BLS — LALS — Other
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> Fire District	<input type="checkbox"/> County <input type="checkbox"/> Federal <input type="checkbox"/> State

Table 11 – Resource Directory – Dispatch Agencies

Name & Address: Long Beach Fire Disaster Prep Communications 2990 Redondo Avenue Long Beach, CA 90808		Primary Contact & Phone Number: Dan Cunningham 562.570.9470	
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Day-to-day <input checked="" type="checkbox"/> Disaster	Number of Personnel Providing Services: <u>20</u> EMD _____ _____ BLS _____
		If Public: <input checked="" type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	ALS _____ Other
Name & Address: Redondo Beach Police/Fire Communications Center 401 Diamond Street Redondo Beach, CA 90277		Primary Contact & Phone Number: Jason Kilpatrick Communications Supervisor 310.374.0287 Jason.Kilpatrick@redondo.org	
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Day-to-day <input checked="" type="checkbox"/> Disaster	Number of Personnel Providing Services: _____ EMD _____ _____ BLS _____
		If Public: <input checked="" type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	ALS _____ 12 Other
		If Public: <input checked="" type="checkbox"/> City <input checked="" type="checkbox"/> Fire District	If Public: <input type="checkbox"/> City <input type="checkbox"/> Fire District

Table 11 – Resource Directory – Dispatch Agencies

Name & Address: Santa Monica Public Safety Communications 333 Olympic Drive, 2 nd Floor Santa Monica, CA 90401		Primary Contact & Phone Number: Christopher Herren Administrator 310.458.2245 Christopher.Herren@smgov.net	
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Day-to-day <input checked="" type="checkbox"/> Disaster	Number of Personnel Providing Services: 15 EMD _____ 4 BLS _____
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	If Public: <input checked="" type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> Fire District	ALS _____ Other _____

Name & Address: South Bay Regional Public Communications Authority 4440 W. Broadway Hawthorne, CA 90250		Primary Contact & Phone Number: Ralph Mailoux 310.973.1802 x101	
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Day-to-day <input checked="" type="checkbox"/> Disaster	Number of Personnel Providing Services: 46 EMD _____ 0 BLS _____
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	If Public: <input checked="" type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> Fire District	ALS _____ Other _____

Table 11 – Resource Directory – Dispatch Agencies

Name & Address: Torrance Police Department 3300 Civic Center Drive Torrance, CA 90503		Primary Contact & Phone Number: Lieutenant Mark Athan 310.618.5673	
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Day-to-day <input checked="" type="checkbox"/> Disaster	Number of Personnel Providing Services: 24 EMD _____ BLS _____
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	If Public: <input checked="" type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> Fire District	EMT-D _____ LALS _____
			ALS _____ Other _____

Name & Address: Verdugo Fire Communications Center 421 Oak Street Glendale, CA 91204		Primary Contact & Phone Number: Don Wise Executive Administrator 818.548.3313 DWise@glendaleca.gov	
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Day-to-day <input checked="" type="checkbox"/> Disaster	Number of Personnel Providing Services: 16 EMD _____ BLS _____
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	If Public: <input checked="" type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> Fire District	EMT-D _____ LALS _____
			ALS _____ Other _____

Table 11 – Resource Directory – Dispatch Agencies

Name & Address: West Covina Fire Department 1444 W. Garvey Avenue West Covina, CA 91790		Primary Contact & Phone Number: Kim West 626 939.8519	
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Day-to-day <input checked="" type="checkbox"/> Disaster	Number of Personnel Providing Services: 9 EMD _____ 9 BLS _____
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	If Public: <input checked="" type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	EMT-D _____ LALS _____	ALS _____ Other _____
		If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> Fire District <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If Public: <input type="checkbox"/> City <input type="checkbox"/> Fire District <input type="checkbox"/> Law

Table 11 – Resource Directory – Dispatch Agencies